Selectmen's Office

P.O. Box 10 Epsom, NH 03234-0010

(603) 736-9002 FAX (603) 736-8539

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This Box Completed	<u>by Town</u>
Date Received:	

Fee Paid:	
Approved:	
Devised	

Denied:

# **TOWN OF EPSOM Certificate of Occupancy**

#### Date:

No new building shall be occupied until the Certificate of Occupancy has been issued by the Zoning Compliance Officer. The Certificate of Occupancy issued for a residential structure shall remain in force until such time as the structure has been demolished, but does not apply to altered sections or additions. The altered section or addition shall not be occupied or used until a separate certificate has been issued by the Zoning Compliance Officer certifying that the work has been completed in accordance with the provisions of the approved permit. For other than residential structures, a Certificate of Occupancy shall be required for the structure certifying that the work has been completed in accordance with provisions of the Zoning Ordinance, Safety Inspection, and for businesses a Planning Board Site Plan. A new Certificate of Occupancy shall be required for each new occupant of a business property. In the case of multibusinesses in one structure, a separate Certificate of Occupancy is required for each business.

#### **Business Owner or Resident**

Name:			
Mailing Address		1	
Phone:		Email:	-
Property Owner		_	
Name:			
Mailing Address (No PO Box)			
Phone:		Email:	
Property Information		_	
Zone Type: Map: Lot:	Sub:	Acreage:	ood Plain: *

## **Business Description**

Name of Business:	Phone:
Business Address: (No PO Box)	Square Footage:
Principal Use #: (Reference Zoning Ordinance Article II, M)	Business Type:
Description of Business Activities:	

## **Trailers/Manufactured Homes**

### Certificate of Origin for a Trailer/Manufactured Home

Year	Model	Manufacturer:		Model Name
Identificatio	on Number:		State of NH, Warranty Sea	al #

<u>Please Read and Sign</u>: By signing this application, I understand that the necessary inspections are required and authorized personnel will enter my property prior to permitting.

Signature of Business Owner	Date
Signature of Property Owner	Date
Required Signatures	
PLANNING BOARD:	

**ZONING COMPLIANCE:** 

**SAFETY INSPECTION:** 

**HEALTH OFFICER:** 

*For Assistance: Zoning Compliance Officer Office: (603) 736-9002 ext: 105 Cell: (603) 608-7101* 

# **Resources:**

**Town of Epsom** 

Epsom Tax Map

**Planning Applications and Forms** 

**Zoning Ordinances and Applications**