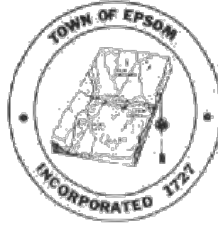


Selectmen's Office

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

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



This Box Completed by Town

Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

[get.adobe.com/reader](http://get.adobe.com/reader)

*Download the form to  
complete electronically!*

**TOWN OF EPSOM**  
**APPLICATION FOR BUSINESS PERMIT**

**SECTION A: COMPLETED BY APPLICANT**

**Date:**

1. Please return all pages of this application with applicable information completed.
2. Please make checks payable to the "Town of Epsom".

**Business Owner**

**Name:**

**Mailing Address:**

**Phone:**

**Email:**

**Property Owner**

**Name:**

**Mailing Address (No PO Box):**

**Phone:**

**Email:**

**Property Information**

Zone Type:	Map:	Lot:	Sub:	Acreage:	Frontage:	Flood Plain:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Business Description**

**Name of Business:**  **Phone:**

**Business Address:**  **Square Footage:**   
(No PO Box)

Principle Use #:	Business Type:	Days Open:	Hours Open:	Off/Street Park
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Description of Business Activities:**

--

As part of the application process town authorized personnel may need to contact your business to schedule an interview or an inspection. Please identify the person to be contacted and the best time(s) to call.

**Contact Person:**

--

**Phone**

--

**Best Time(s):**

*
---

**Email:**

--

**Please Read and Sign:** By signing this application, I understand that inspections of the property are required and authorized personnel may need to enter the property.

**Signature of Business Owner:**

--

**Date:**

--

**Signature of Property Owner:**

--

**Date:**

--

**\*SECTION B: REQUIRED ITEMS DETERMINED BY TOWN**

**Business Application Checklist**

Applicants must complete required items on this checklist. You may submit other records and documents as deemed necessary.

<u>Check List</u>	Required	N/A	Date Completed
Planning Board Site Plan Review:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Zoning Compliance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Zoning Board of Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Driveway Permit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Occupancy Permit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All Fees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

*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](#)

[Zoning Board of Adjustment](#)

**Town of Epsom - Department Sign Off**

	<i>Signature</i>	<i>Date</i>
<b>ZONING COMPLIANCE OFFICER:</b> <i>Required for all businesses permitting process - business, buildings, occupancy</i>	<input type="text"/>	<input type="text"/>
<b>ZONING BOARD OF ADJUSTMENTS:</b> <i>As needed zoning@epsomnh.org</i>	<input type="text"/>	<input type="text"/>
<b>PLANNING BOARD:</b> <i>Site plan review required for all businesses. planning@epsomnh.org</i>	<input type="text"/>	<input type="text"/>
<b>POLICE DEPARTMENT:</b> <i>As required by ZCO</i>	<input type="text"/>	<input type="text"/>
<b>FIRE DEPARTMENT:</b> <i>Required for all new businesses, change in use, or expansion</i>	<input type="text"/>	<input type="text"/>
<b>DRIVEWAY PERMIT:</b> <i>Required for new driveways - State and/or local</i>	<input type="text"/>	<input type="text"/>
<b>HEALTH OFFICER:</b> <i>As required by law</i>	<input type="text"/>	<input type="text"/>