

BUSINESS PERMIT APPLICATION
Washington Planning Board
7 Halfmoon Pond Road
Washington, NH 03280

Property Owner:

Business Owner:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

1. Actual location of proposed business _____
Tax Map No. _____

2. Days of operation including hours open and month (if seasonal):

3. Nature of business – list all aspects. Attach separate sheet if necessary.

4. Will business be confined to the inside or outside of the structure?

5. Total square footage available for off-street parking: _____

6. Projected number of vehicles at site during business hours: _____

7. Will there be any by-products, i.e. smoke, garbage, hazardous waste, rejects, packing materials, noise pollution? Yes _____. No _____. If yes, provide details

8. If the business is food related, all State regulations must be met. If uncertain, Write to New Hampshire Division of Public health, Hazen Drive, Concord, NH 03301 or call 271-4581.

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9. If additional load to septic system is anticipated, has a new design been filed?
Yes ____ . No ____ . NA ____
10. Is the existing septic system State approved? Yes ____ . No ____ .
Approval Number (if known) _____
11. In what manner will customer approach your business ? Road ____ Boat ____
Mail ____ Phone ____ E-mail ____ Other ____
12. What is the present source of water? Drilled well ____ Dug well ____ Lake ____
Stream ____ Cistern ____.
13. Will there be outside lighting? Yes ____ No ____
14. Were or are variances needed to comply with the Town of Washington Land
Use Ordinance (LUO)? Yes ____ No ____ . If yes, provide details.

15. Site-plan review completed? Yes ____ No ____ NA ____.

Indicate here if business is pre-existing: _____
Date business started: _____ Applicant's Signature

Date

FOR PLANNING BOARD USE ONLY:

Comments:

Approved for:

Cottage Industry ____
Home Business ____
Business ____

Operation Denied: _____

Reasons: _____

Permit # _____

Chairman, Planning Board

Date

6/4/02