

BUSINESS PERMIT APPLICATION  
Washington Planning Board  
P.O. Box 443  
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

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FOR PLANNING BOARD USE ONLY:

Comments:

Approved for:

Cottage Industry \_\_\_\_  
Home Business \_\_\_\_  
Business \_\_\_\_

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

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit # \_\_\_\_\_

\_\_\_\_\_  
Chairman, Planning Board

\_\_\_\_\_  
Date

6/4/02