

**Office of the Planning Board
Town of Barnstead
P.O. Box 11
Center Barnstead, NH 03225
603-269-1057
APPLICATION FOR AMENDED SITE PLAN REVIEW
CHANGE OF USE and/or EXPANSION**

Submission Requirements: Complete pages 1, 2, & 3

Return to Planning Board Office with a copy of the plot plan, and a short business plan which describes the change in use or expansion, hours of operation, number of employees, etc. Any questions may be directed to Planning Board Office at 603-269-1057.

1. Location _____

Tax Map _____ Lot Number _____

2. Applicant's Name: _____

Telephone Number: Home _____ Other _____

Mailing Address: _____

Town _____ State _____ Zip _____

E-Mail Address _____

3. Registered Business Name or Trade Name: _____

(Please submit supporting documentation from the New Hampshire Secretary of State of US Government)

4. Property Owner's Name: _____

(If Different from Applicant)

Telephone Number: Home _____ Other _____

Mailing Address: _____

Town _____ State _____ Zip _____

E-Mail Address: _____

Signature of Applicant/Agent _____ Date _____

Print or Type Name _____

PROPOSAL

Change of Use:

From _____

To _____

Expansion of Use (if applicable) _____

Size of Addition (if applicable) _____ s.f.

Size of Existing Building _____ s.f.

(Attach site plan if available)

Conversion from residential to non-residential use? Yes _____ No _____

Conversion from non-residential to residential use? Yes _____ No _____

Will this change of use involve the addition of regulated materials? Yes _____ No _____

Consult Original Site Plan (if available) _____

All Construction shall be in accordance with Town of Barnstead Ordinances, regulations, policies,

procedures and specifications. It is the responsibility of the owner/applicant to be aware of these requirements.

PARKING

1. Number of Spaces Existing _____ Proposed _____ No Change _____

BUILDING

1. Outside Lighting: Existing _____ Proposed _____ No Change _____

2. Signage Existing: _____ Proposed _____ No Change _____

3. Number of Bathrooms: Existing _____ Proposed _____ No Change _____

3. Plot Plan: (Provide 8 1/2 x 11 sketch)

EMPLOYEES

Number of Employees: Existing_____ Proposed _____No Change_____

OPERATIONAL HOURS/DAYS No Change_____

1. Days _____

2. Hours _____

I/We give Permission for a Site Walk on the Property: Yes_____ No_____

I/We have read the Non-Residential Site Plan Review Regulations: Yes_____ No_____

I/We understand if any changes are made to this approved Amended Site Plan, a New Amended Site Plan must be presented. Yes _____No_____

I/We have paid all fees according to fee schedule: Yes _____ No _____

Signature of Applicant/Agent _____ Date _____

Print or Type Name _____