

**Office of the Planning Board
Town of Barnstead
P.O. Box 11
Center Barnstead, NH 03225
603-269-2299 x 4**

**APPLICATION FOR AMENDED SITE PLAN REVIEW
CHANGE OF USE and/or EXPANSION**

Submission Requirements: Complete pages 1 & 2

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 603-269-2299 x 4.

1. Location _____
Tax Map _____ Lot Number _____

2. Applicant's Name: _____

Telephone Number: Home _____ Other _____

Mailing Address: _____

_____ Town _____ State _____ Zip _____

E-Mail Address _____

3. Property Owner's Name: _____
(If Different from Applicant)

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 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 _____

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INTERNAL USE ONLY

Please review with regard to compliance with all applicable building codes, regulations and zoning ordinances. Comments and concerns can be noted below for inclusion in the applicant file.

CODE ENFORCEMENT OFFICER:

DATE _____

SIGNATURE _____

COMMENTS:

SELECTMEN'S OFFICE:

DATE _____

CHAIRMAN SIGNATURE _____

HEALTH OFFICER:

DATE _____

SIGNATURE _____

COMMENTS:

COPIES TO:
BARNSTEAD POLICE DEPARTMENT
BARNSTEAD FIRE RESCUE