



TOWN OF PEMBROKE

Town Hall ~ 311 Pembroke Street, Pembroke, New Hampshire 03275 Tel: 603-485-4747

Town Use Only

MAP: _____

LOT: _____

BUSINESS LOCATION CHANGE OF USE /EXPANSION OF USE FORM*

This form will be used to help determine whether a Change or Use or Expansion of Use Site Plan is required by the Planning Board, and but it will also enable the Building Inspector to assess what activities will occur at the site. When a business moves into an existing location, regardless if a prior business existed in that space, or when a business expands its building footprint, increases the number of parking spaces, expands the number of patrons (such as a restaurant), performs certain interior renovations etc., this form must be completed and provided to the Pembroke Planning Department for evaluation. A Building Permit and/or Certificate of Occupancy, or other permits, will be required from the Building Inspector prior to opening.

*You may be required to appear before the Planning Board to determine whether Site Plan Review is required prior to issuance of the Building Permit and Certificate of Occupancy.

PROPERTY AND CONTACT INFORMATION

Date: _____ Town Use Only APPLICATION NUMBER: _____

Property Owner Name: _____ Day Phone: _____

Cell Phone: _____ Fax Number: _____ Email: _____

Street Address of Site: _____

Applicant or Lessee Name: _____ Company: _____

Day Phone: _____ Email Address: _____ Fax: _____

Mailing Address: _____ State/Zip: _____

Professional Representative Name: _____ Company: _____

Day Phone: _____ Email Address: _____ Fax: _____

Mailing Address: _____ State/Zip: _____

BUSINESS AND SITE INFORMATION

Name of Former Business: _____ Type of Business: _____

Type of Building (Commercial/Industrial/Governmental/Residential/Mixed Use): _____

Name of New Business: _____ Type of Business: _____

Is This Building Also a Residence?: _____ Will This be a Home Business?: _____

Proposed Days and Hours of Operation: _____

BUSINESS AND SITE INFORMATION, continued

Existing Parking Spaces: _____ Proposed Parking Spaces: _____

How many ADA handicap parking spaces are required*? _____ Will be provided*? _____

**Must fulfill Zoning Ordinance §143-52.*

Number of Former Employees On-Site: _____ Number of Former Employees Off-Site: _____

Number of Proposed Employees On-Site: _____ Number of Proposed Employees Off-Site: _____

Number of Former Customers/Visitors/Deliveries to Site: _____/day Proposed: _____/day

Number of Former Vehicles to Site (Employees/Customers/Visitors/Deliveries, etc): _____/day Proposed: _____/day

Locations of Existing Lighting and Hours the Lights are Operational: _____

Locations of Proposed New Lighting and Hours the Lights are Operational: _____

Where will Snow Storage will be Located?: _____

Where is the Dumpster Location and What is the Type of Screening?: _____

Square Footage of Entire Building: _____sf

Square Footage of Space Utilized for Existing Business: _____sf For Proposed Business: _____sf

Provide a Clear Statement of Nature of Business/What Will Be Done or Changed on Site/Machinery on Site/Level of Noise:

Proposed Interior Renovations Description. Also provide plan and/or floor plan detailing the existing conditions and renovations (building/electrical/mechanical permit may be required):

BUSINESS AND SITE INFORMATION, continued

Proposed Exterior Renovations/Site Improvements. Also provide architectural plan and/or site plan detailing the existing conditions and renovations/improvements (building permit may be required):

Location, Size, and Type of Former Sign: _____

Location, Size and Type of Proposed Sign (sign permit may be required): _____

List State and Federal Permits or Licenses Required: _____

List All Known Town Permits or Approvals Required (including Water Works, Sewer Commission, Zoning Board of Adjustment, driveway, electrical, mechanical, others previously mentioned, etc.):

Date You Intend to Open for Business: _____

SIGNATURES

This information is true and correct to the best of our knowledge. We understand that our business cannot open or renovations/improvements cannot begin until approval to proceed is received from the Pembroke Planning Department and/or Planning Board.

Owner Signature: _____ Date: _____

Applicant/Lessee Signature _____ Date: _____

Town Use Only

Date of Approval to Proceed: _____ **Planner Initial:** _____ **CEO Initial:** _____

Road Type/Class: _____

Zoning Districts: _____

Zoning Table of Uses Existing Classification: _____

Zoning Table of Uses New Classification: _____ Parking Spaces Required: _____

Special Use Permit Required?: _____ Conceptual Required for Determination?: _____

Site Plan Review Required?: _____ Other Permits/Approvals Required: _____
