



TOWN OF STRATHAM
10 Bunker Hill Avenue, Stratham NH 03885
Building Department (603) 772-7391 x 180
www.strathamnh.gov

CHANGE OF OCCUPANT/USE PERMIT APPLICATION

For office use:

| | | | | | | | |
|-----------|--|------|--|------|--|-------|--|
| PERMIT #: | | Map: | | Lot: | | Zone: | |
|-----------|--|------|--|------|--|-------|--|

Property Information:

| | | | |
|------------------|--|----------------|--|
| Street Address: | | | |
| Property Owner: | | | |
| Contact Name: | | | |
| Phone #: | | Email Address: | |
| Mailing Address: | | | |

Property Owner Signature (Required)**Date**

Certification: *By signing above, I hereby certify that I am the owner of record of the named property and have authorized this application for Change of Occupancy/Use. Alternatively a letter of authorization may be attached to the application.*

Occupant Information:

| | | | |
|------------------------------|--|----------------|--|
| Business Name: | | | |
| Contact Name: | | | |
| Phone #: | | Email Address: | |
| Mailing Address: | | | |
| Proposed Use: | | | |
| Number of Employees per day: | | | |
| Hours of Operation: | | | |

Occupant Signature**Date****Approved for Occupancy or Use:**

BUILDING/FIRE INSPECTOR SIGNATURE _____ Date _____

CONDITIONS OF APPROVAL:

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Change of Occupant/Use Fee: \$75.00

Check/Cash/CC: _____