



TOWN OF STRATHAM

Incorporated 1716

10 Bunker Hill Avenue, Stratham, NH 03885

Planning Department 603-772-7391, option 4

www.strathamnh.gov

CONDITIONAL USE PERMIT APPLICATION

1. APPLICANT & PROPERTY OWNER INFORMATION:			
Applicant Name:			
Phone #:		Email Address:	
Mailing Address:			
Property Owner Name (If different from Applicant):			
Phone #:		Email Address:	
Mailing Address:			
3. PROPERTY INFORMATION:			
Street Address:		Parcel ID(s):	
Total parcel area:	_____ <input type="checkbox"/> acres <input type="checkbox"/> SF	Property Deed Information:	Book: _____ Page: _____
Existing Use of Property:			
Zoning District(s): Check all that apply. <input type="checkbox"/> Commercial/Light Industrial/Office <input type="checkbox"/> Residential/Agricultural <input type="checkbox"/> Flexible/Mixed Use Development <input type="checkbox"/> Retirement Planned Community <input type="checkbox"/> Gateway Commercial Business <input type="checkbox"/> Route 33 Legacy Highway Heritage <input type="checkbox"/> Industrial <input type="checkbox"/> Special Commercial <input type="checkbox"/> Manufactured Housing/Mobile Home <input type="checkbox"/> Town Center <input type="checkbox"/> Professional/Residential		Overlay District(s): Check all that apply. <input type="checkbox"/> Aquifer Protection <input type="checkbox"/> Floodplain Management <input type="checkbox"/> Shoreland Protection <input type="checkbox"/> Wetland Conservation	
2. PROFESSIONAL SUPPORT: (Include additional sheets if necessary.)			
Company Name:		Contact:	
Phone #:		Email Address:	
Mailing Address:			
Company Name:		Contact:	
Phone #:		Email Address:	
Mailing Address:			
4. DESCRIPTION OF PROJECT: (Attach a separate sheet if necessary.)			
Describe the proposed use or activity that requires a Conditional Use Permit:			

