



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:	
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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: _____