

Date Received:
Received By:



Planning Board
Conservation Commission
Historic District Commission
Arts & Culture Commission
Zoning Board of Adjustment

PLANNING & DEVELOPMENT DEPARTMENT
City Hall Annex
33 Wakefield Street,
Rochester, New Hampshire 03867-1917
(603) 335-1338 - Fax (603) 330-0023
Web Site: www.rochesternh.gov

Administrative Application

Date: _____

Is this submission for a change in ownership? Yes / No

I. Project Information

Tax Map: _____ Zoning District: _____

Tax Lot Number: _____ Overlay Zoning Districts: _____

Property Address: _____ Unit Number: _____

Name of Project: _____

II. Applicant Information

Company: _____ Name: _____

Email: _____ Telephone: _____

Mailing Address: _____

III. Property Owner

Company Name: _____ Name: _____

Email: _____ Telephone: _____

Mailing Address: _____

IV. Brief Description of Previous Use (if known)

v. Brief Description of Proposal (include a sketch plan of site layout)

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VI. Proposed Activity

Hours of Operations: _____

Number of Employees: Currently: _____ Proposed: _____

Will you have in-person customers at your proposed location? Yes / No

If yes, intended in-person services: _____

If yes, frequency of in-person services: _____

If yes, approximate maximum at a single time: _____

Proposed use will have outside:

Vibration: Yes / No

Storage: Yes / No

Noise: Yes / No

Outside Dining: Yes / No

Light: Yes / No

Smoke: Yes / No

VII. Proposed Site Changes

Location Now Vacant: Yes / No

Square Footage for Use: _____

New Structure(s): Yes / No

Addition onto Existing Structure: Yes / No

Demolition: Yes / No

Alterations to Existing Structure: Yes / No

Signage: Yes / No

Parking Lot Changes: Yes / No

Off Street Parking: Yes / No

If Yes, how many off street spots: _____

VIII. Application Signatures

This application must be signed by the applicant and property owner.

I hereby submit this Administrative application to the City of Rochester Planning Department and attest that to the best of my knowledge all information on this application is true and accurate. As applicant, I attest that I am duly authorized to act in this capacity.

I hereby authorize members of the Rochester Planning Board, Zoning Board of Adjustment, Conservation Commission, Planning Department and other pertinent City departments, boards and agencies to enter my property for the purpose of evaluating this application. This includes performing any appropriate inspections during project application and review, the period following Planning Board approval, project construction and occupancy. This authorization applies specifically to those individuals legitimately involved in evaluating, reviewing or inspecting this specific project. It is understood that these individuals must use all reasonable care, courtesy and diligence when entering the property.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Property Owner

Date

Printed Name of Property Owner