



Town of Hollis
Seven Monument Square
Hollis, New Hampshire 03049
Tel. 603-465-2209 FAX 603-465-3701

ZONING COMPLIANCE – NEW BUSINESS/TENANT APPLICATION

Date Submitted: _____

Property Location: _____ Unit # _____

Map: _____ Lot: _____ Acres: _____

Name of Applicant: _____ Telephone: _____

Business Name: _____

Address: _____

Email: _____

Property Owners Name: _____ Telephone: _____

Address: _____

Email: _____

Application shall include: Plot Plan including business location, square footage of space being occupied, locations of any outside storage, parking accommodations, location of signage.

Number of Employees: _____

Hours and Days of Operation: _____

Number of daily/weekly visits to the premises by customers, vendors: _____

Number of daily/weekly commercial deliveries to the premises: _____

Will a sign(s) be installed Yes ___No___ if yes, dimensions? _____
(include sign specifications, colors, verbiage, sign location and mounting, all signs require a building permit)

Describe in detail the nature of the business:

Types/quantities of merchandise, stock and materials to be stored on the premises:

Printed Name: _____

Signature: _____

For Departmental Use Only:

Required Town Board/Committee Approvals required (if checked approval shall be required prior to occupancy)

Zoning Board of Adjustment: Variance Yes No

Section _____ **Paragraph(s)** _____

Zoning Board of Adjustment Special Exception Yes No

Section _____ **Paragraph(s)** _____

Planning Board: Site Plan Approval Yes No **Historic District Approval** Yes No