



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

## ZONING COMPLIANCE – NEW BUSINESS/TENANT APPLICATION

Date Submitted: \_\_\_\_\_

Property Location: \_\_\_\_\_ Unit # \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**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 Date: \_\_\_\_\_ Initials \_\_\_\_\_  
Section \_\_\_\_\_ Paragraph(s) \_\_\_\_\_

Zoning Board of Adjustment Special Exception  Yes  No Date: \_\_\_\_\_ Initials \_\_\_\_\_  
Section \_\_\_\_\_ Paragraph(s) \_\_\_\_\_

Planning Board: Site Plan Approval  Yes  No Historic District Approval  Yes  No  
Date: \_\_\_\_\_ Initials \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_