



TOWN OF  
NEW LONDON, NEW HAMPSHIRE

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**CHANGE OF USE OR LAYOUT**

IN A COMMERCIAL/BUSINESS SPACE LESS THAN 1,000 SQUARE-FEET

**WHEN TO USE THIS FORM:** You will be leasing or occupying less than 1,000 square-feet, that was occupied by a previous business.

**ABOUT THIS APPLICATION:** The purpose of this application is to review the proposal for compliance with the New London Zoning Ordinance and Site Plan Regulations. NOTE: *Site Plan Review will not be required if: a) a change of Use and/or changes to the interior floor plan layout occur in a single-leasable space of less than 1,000 square feet; and b) the owner of the property obtains written approval of the Fire Chief as to the adherence of the space to all state and local fire and safety regulations; and c) no additional off-street parking would be required in accordance with the standards set forth in the Site Plan Review Regulations.* [Article I, Section D.4, Site Plan Review Regulations (amended 12/1/2015)]

**CONTACT INFO:** Zoning Administrator (603) 526-1246 [zoning@nl-nh.com](mailto:zoning@nl-nh.com)

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**THIS SECTION TO BE FILLED OUT BY APPLICANT:**

Parcel ID: \_\_\_\_\_ Site Street Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Name of previous business(s) at this location: \_\_\_\_\_

Description of the previous business(s) at this location: \_\_\_\_\_

Describe the use of the previous business(s) at this location (*i.e. Professional Office, Restaurant, Retail, etc.*):

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(if different than Owner)

Email: \_\_\_\_\_

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

Expected Opening Date: \_\_\_\_\_ Name of Proposed Business: \_\_\_\_\_

**Description of Proposed Business** (include an overview, the type of business, expected hours of operation, etc.):

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1. **Size:** Square footage of space you are leasing/renting: \_\_\_\_\_ S.F.

2. **Exterior:** Will there be any changes to the exterior site (such as lighting, display of goods, signage, walkways/patio, etc.)? YES NO

IF YES, describe: \_\_\_\_\_

You may attach additional information and drawings.

3. **Layout:** Will there be any changes to the interior layout (such as floor plan, walls, closets, half-walls, windows, doors, hallways, exits, etc.)? YES NO

IF YES, describe: \_\_\_\_\_

You may attach additional information and drawings.

4. **Parking:**

a. How many parking spaces are provided on-site for your proposed business? \_\_\_\_\_

\_\_\_ Attach diagram, showing parking spot locations.

b. Is the parking area paved? YES NO

c. Is the parking area striped/painted? YES NO

5. **Owner's Signature:** By signing below, the Owner gives permission for town officials to visit and inspect the property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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**THIS SECTION FOR TOWN USE ONLY:**

Date Application Received: \_\_\_\_\_

**Fire Department** Conditions/Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Planning/Zoning Department** Conditions/Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_