



TOWN OF GILFORD
Department of Planning and Land Use

Tax Map & Lot Number:

REQUEST FOR CHANGE OF TENANCY/CHANGE OF USE

I hereby request a [**CHANGE OF TENANCY** / **CHANGE OF USE**], and acknowledge by signing this form that the information provided herein is true and correct to the best of my knowledge. (Additional information such as a floor plan may be required.)

APPLICANT INFORMATION		
Business Name:		Contact Name:
Mailing Address (Number, Street, City, State, Zip):		
Phone:	Fax:	Email:
Signature:		Date:

PROPERTY OWNER INFORMATION		
Name: <input type="checkbox"/> check if same as applicant		Contact Name:
Mailing Address (Number, Street, City, State, Zip):		
Phone:	Fax:	Email:
Signature:		Date:

PROPOSED TENANT/USE		
Site Address (Number, Street, Unit Number):		Zone:
Name: <input type="checkbox"/> check if no change in tenant		
Type of Business:	Description of New Use:	<input type="checkbox"/> check if no change in use
Hours of Operation & Days of Week:	Number of Employees (including owner(s)):	Expected Start Date:
Other Information:		

FORMER TENANT/USE		
Name: <input type="checkbox"/> check if no change in tenant		When Vacated Premises: <input type="checkbox"/> check if not applicable
Type of Business:	Description of Use:	<input type="checkbox"/> check if no change in use
Other Information:		