



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: | | |