



TOWN of BRENTWOOD NH

CHANGE of USE or OCCUPANT APPLICATION

No change of occupancy shall be made in a building without approval from the Fire Department and Building Inspector. A Certificate of Occupancy will be issued once the approval has been granted.

Please complete the following: MAP & LOT #: _____ Zone: _____ Date: _____

PROPERTY ADDRESS: _____ .UNIT NUMBER _____

PROPERTY OWNER: _____ .Telephone No. _____

Mailing Address: _____ . Town _____ State _____ Zip _____

Email Address: _____ .Contact Person. _____

APPLICANT: _____ .Telephone No. _____

Mailing Address: _____ . Town _____ State _____ Zip _____

Email Address: _____ .Contact Person. _____

DESCRIPTION / USE OF PROPERTY: - Residential - Duplex/ADU - Multi-family - Commercial / Business.

TYPE OF CONSTRUCTION: - New - Remodel - Addition - Alteration - Reconstruction.

CURRENT USE OF AREA: _____

PROPOSED USE OF AREA: _____

DESCRIPTION OF PROJECT: _____

1. **SEPTIC SYSTEM:** Submit a copy of the ISDS design, and the APPROVAL FOR OPERATION from NHDES.
2. **TOWN APPROVED SITE PLAN:** Provide a copy of the town approved site plan showing the parking plan and number of spaces assigned to this property and/or each unit.
Parking per the Brentwood Zoning Ordinance, Section 400.002 Off-Street Parking and Loading Requirements.
3. **SIGNAGE:** All new signage will require a Sign Permit.
4. **PROPERTY MODIFICATIONS:** Any remodeling, renovations, or additions will require the applicable permits and approvals.
5. **SPECIAL STATE CERTIFICATIONS or LICENSING:** Please provide copies of all certifications and/or licensing.
6. **FLOOR PLANS OF ALL AREAS:** Please include a floor-plan layout to scale showing doors, aisle ways (if retail, please show locations of shelving, counters, etc.), tables, fixed furniture, bathrooms, exit signs, emergency lighting, and types of materials used (i.e. carpets, paints etc.). This application will be reviewed for compliance to local zoning and State of NH Fire Regulations for safety and means of egress. Please allow up to two weeks for our comprehensive review.

In signing this application, you agree to the following:

*The Town of Brentwood and its employees have the right to enter this property to conduct any required inspections.
*It is the owner's and owners' representative's responsibility to comply with all local, state, and federal regulations, codes, and ordinances. While the Town of Brentwood and its employees do plan reviews and inspections, nothing relieves the owner from this responsibility.

If signed by someone other than the owner, it is understood that the owner is still responsible for complying with all local, state, and federal regulations, codes, and ordinances.

APPLICANTS SIGNATURE: _____ .DATE: _____ .

OWNERS SIGNATURE: _____ .DATE: _____ .

Note: To schedule inspections, a minimum of 48-hours' notice prior to requested date and time is required

FEE: Change of Use Application: Home Occupation, \$75.00. *As of January 01, 2026.*
FEE: Change of Use Application: Business, Commercial, \$150.00. *As of January 01, 2026.*

FOR DEPARTMENT USE ONLY:

Reviewed by the Land Use Administrator.	.Denied: _____	.Approved by: _____	.Date: _____
Reviewed by Fire Department	.Denied: _____	.Approved by: _____	.Date: _____
Reviewed by the Police Department.	.Denied: _____	.Approved by: _____	.Date: _____
Reviewed by the Highway Department.	.Denied: _____	.Approved by: _____	.Date: _____
Reviewed by the Building Inspector.	.Denied: _____	.Approved by: _____	.Date: _____
Reviewed by Other Agencies. (Approvals attached)	.Denied: _____	.Approved by: _____	.Date: _____

I The Applicant hereby agree to comply with the Town of Brentwood's Building and Zoning Ordinance and all work will be constructed in accordance with the New Hampshire State Building Code, and related Codes as adopted, and in accordance with the plans submitted.

PRINTED NAME OF APPLICANT: _____

APPLICANTS SIGNATURE: _____ . Date: _____ .

FOR DEPARTMENT USE ONLY:

FEE AMOUNT RECEIVED: \$ _____ . - Check #. _____ - Cash - Credit Card.

NAME ON CHECK: _____

.BUILDING OFFICIAL: _____ . Date: _____ .

- APPLICATION APPROVED - APPLICATION DENIED - APPLICATION INCOMPLETE.

* NOTE: Dig Safe must be called before any excavation. Application Fee is due at time of submittal.