



TOWN OF SANDWICH

8 MAPLE STREET ~ PO BOX 194
SANDWICH, NH 03227

TEMPORARY USE AUTHORIZATION

1. Applicant: _____

Address: _____

Phone: _____ Email: _____

2. Location of Temporary Use: _____

3. Description of Temporary Use: _____

4. Date(s) and times of Temporary Use: _____

Signature denotes applicant's intention to comply with all Town rules and the conditions listed below. Temporary Use is subject to inspection and revocation if conditions are not met.

Name (printed)

Signature

Date

*****TOWN USE ONLY*****

Date: _____

Application: APPROVED with conditions listed below. This permit expires _____.

DENIED

Conditions: _____

Board of Selectmen:

Joanne D. Haight

Caroline H. Nesbitt

Adam E. Heard