

Office Use Only	
Fee Paid: \$	_____
<input type="checkbox"/> Check	Ck # _____
<input type="checkbox"/> Cash	<input type="checkbox"/> C-card



Office Use Only	
Permit Numbers	
RH	_____
HP	_____

Code Administration
37 Green Street, Concord, NH 03301

City of Concord

603.225.8580

APPLICATION FOR ROOMING HOUSE, HOTEL, MOTEL & SHELTER PERMIT

- Hotel # Units: _____
- Motel # Units: _____
- Rooming House # Rooms _____ # Beds _____
- Shelter # Rooms _____ # Beds _____

_____ Name of Establishment _____ Phone _____

_____ Address _____ Maintenance Engineer _____

_____ Manager's Name (Print) _____ Phone - Office w/Ext _____ Phone - Cell _____

Manager's Email Address _____

_____ Owner's Name _____ Owner's Address _____ Phone _____

FEE SCHEDULE

<u>Number of Units</u>		<u>Fee</u>	
3-25	<input type="checkbox"/>	\$135.00	_____
26-50	<input type="checkbox"/>	\$190.00	_____
51-75	<input type="checkbox"/>	\$240.00	_____
76-100	<input type="checkbox"/>	\$315.00	_____
Over 100	<input type="checkbox"/>	\$367.00	_____
	APPLICATION FEE	\$30.00 + \$30.00
			Total \$ _____

Make checks payable to:
City of Concord

_____ Applicant Signature _____ Date _____

A letter will be sent with a scheduled date and time for your inspection.