



**TOWN OF HAMPTON DEVELOPMENT PERMIT APPLICATION
(CHANGE OVER OF EXISTING COMMERCIAL USE)**

Development Permit Number:	
Application Date:	
Approval Date:	
Application Fee:	Payment Received: _____ Fee Waived: _____

1. CONTACT INFORMATION REGISTERED OWNER *(please complete in block letters)*

Last Name: _____ **Given Name:** _____

Mailing Address: _____

Province: _____ **Postal Code:** _____

Telephone Number: (____) _____ **Mobile Phone:** (____) _____

Fax Number: (____) _____ **E-mail Address:** _____

2. DEVELOPMENT

Name of Business: _____

Property Location: _____

Proposed Use of Site (including description of business): _____

Existing Use of Site: _____

Gross Floor Area of Dwelling Unit: _____ **Proposed % to be used by Business:** _____

Parking Allocated to Business: _____

Hours of Operation: _____

Date Business Commencing Operation: _____

Description of Any Exterior Work Required: _____

Owner's Signature: _____ Date: _____

Notes: _____

Development Officer: _____ Date: _____