

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"/>	\$133.00	_____
26-50	<input type="checkbox"/>	\$187.00	_____
51-75	<input type="checkbox"/>	\$239.00	_____
76-100	<input type="checkbox"/>	\$312.00	_____
Over 100	<input type="checkbox"/>	\$365.00	_____

APPLICATION FEE \$25.00 ..... + \$25.00  
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.