



# 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