



Town of Salem, New Hampshire

Community Development Department

Health Division

Municipal Offices, 33 Geremonty Drive, Salem, New Hampshire 03079
tel: (603) 890-2050 fax: (603) 898-1223

SALVAGE YARD APPLICATION

Application for a License to operate, establish or maintain a Salvage Yard and/or Automotive Recycling Yard within the Town of Salem. This license is issued in accordance with NH RSA 236:90-100 and all applicable local regulations.

1. BUSINESS NAME _____
LICENSEE/OWNER _____
BUSINESS ADDRESS _____
MAILING ADDRESS (if different) _____
PHONE NUMBER _____
EMAIL ADDRESS _____

2. Is this application a result of a proposed transfer of ownership of an existing Salvage Yard?
____ Yes _____ No

3. Describe the land to be used for the salvage yard, referring to permanent boundary markers including approximate total parcel acreage as well as salvage storage acreage. Attach a sketch plan showing the above information in relation to other Town landmarks.

4. Existing or proposed Salvage Yard? Specify: _____

5. If existing, provide the date when the Salvage Yard was started: _____

6. Describe the type of operations: (automobile graveyard, scrap metal recycling operation, storage of junk, garbage dump, sanitary fill or other)

7. Distance from junk storage area to the nearest edge of the right-of-way of the Interstate, Federal-Aid Primary Highway or Turnpike: _____

8. Is the Salvage Yard storage area presently visible from the street? _____

9. Is there compliance to local zoning ordinances? _____ Yes _____ No

10. If answer is "yes", within what zone is the Salvage Yard located? _____

11. Are you presently licensed with the State of NH? _____ Yes _____ No

12. If Yes, when does your license expire? _____

A license fee of **\$100** shall be submitted with this application along with a **Compliance Certification Statement**. Make Check payable to the **TOWN OF SALEM**.

Licensing Period is from April 1st to March 31st.