



# TOWN OF CONWAY

23 MAIN STREET+ P.O. Box 2680 + CONWAY, NEW HAMPSHIRE 03818

(603) 447-3811  
WWW.CONWAYNH.ORG

## Rental License Inspection Registration Form

Map and Parcel #

*Please complete and return to Town Hall per RSA 540:1  
Beginning January 26, 2024, an application for a rental license will be required*

_____	
Home Owner Name	Home Owner Address
_____	
Mailing Address	Property Manager Name
_____	
Home Owner Phone Number	Property Manager Phone Number
_____	
Home Owner Email Address	Property Manager Email
_____	

### Dwelling Information

Dwelling Type:  Single Family  multi-Family  Condo  Apartment  Room  
Choose an item. Number of Multi-Family Units

\_\_\_\_\_

Property Address

\_\_\_\_\_

Date Of Inspection

\_\_\_\_\_

Signature

\_\_\_\_\_

Date





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**\*Fee \$375 per Life Safety Inspection. License is valid for 3 years**

## PROPERTY ACCESS AND LIFE SAFETY INSPECTION AGREEMENT

By signing this agreement, Signature: \_\_\_\_\_ grants The Town Of Conway permission to enter the property located at Address \_\_\_\_\_ for the purpose of conducting a life safety inspection.

**Read, understood, accepted, and agreed:**

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ and acknowledged that he executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Comm. Expires: \_\_\_\_\_  
Print or Type Name: \_\_\_\_\_

