

**APPLICATION FOR HOME OCCUPANCY
USE PERMIT**

DATE _____
TYPE OF PROPERTY:

SINGLE _____
DOUBLE _____

OTHER _____

PHONE NUMBER

ADDRESS OF PROPERTY

OWNER OF PROPERTY

APPLICANT IF DIFFERENT
FROM OWNER

ZONING CLASSIFICATION _____

ATTACHED COPY OF SURVEY

ATTACHED COPY OF FLOOR PLAN SHOWING

HOME OCCUPATION SECTION OF DWELLING

ATTACHED PARKING PLAN

HOME OCCUPATION FOR:

HOME OCCUPATION DEFINED: 120-64

AN ACCESSORY USE OF A DWELLING UNIT FOR GAINFUL EMPLOYMENT
INVOLVING THE MANUFACTURER, PROVISION, OR SALE OF GOODS AND/
OR SERVICES.

APPLICANT MUST ANSWER ALL OF THE FOLLOWING:
THERE IS NO OTHER HOME OCCUPATION PERMIT EXISTING TO THE PIECE OF
PROPERTY NOW BEING APPLIED FOR:

- | | -----
YES | -----
NO |
|--|--------------|-------------|
| A.) WILL THE OCCUPATION BE CONDUCTED WITHIN A COMPLETELY ENCLOSED BUILDING? (NO OUTDOOR SALES) | -----
YES | -----
NO |
| B.) IS THE OCCUPATION CLEARLY INCIDENTAL AND SECONDARY TO THE PRINCIPAL USE OF THE DWELLING? | -----
YES | -----
NO |
| C.) WILL THE HOME OCCUPATION CHANGE THE PRINCIPAL CHARACTER OF THE DWELLING? | -----
YES | -----
NO |
| D.) WILL THERE BE MORE THAN ONE EMPLOYEE OTHER THAN IMMEDIATE FAMILY MEMBERS RESIDING ON THE PREMISES? | -----
YES | -----
NO |
| E.) WILL LESS THAN 25% OF FLOOR AREA OF ONE (1) STORY OF THE DWELLING BE DEVOTED TO THE HOME OCCUPATION? | -----
YES | -----
NO |
| F.) WILL THERE BE ANY STOCK IN TRADE OR COMMODITIES SOLD, OTHER THAN INCIDENTAL SUPPLIES FOR AND CONSUMED IN THE CONDUCT OF THE HOME OCCUPATION? | -----
YES | -----
NO |

- G.) WILL ALL STORAGE OF MATERIALS, GOOD, SUPPLIES OR EQUIPMENT IN THE OPERATION OF THE HOME OCCUPATION BE HIDDEN FROM ANY STRUCTURE LOCATED ON THE PREMISES? -----
YES YES NO NO
- H.) WILL THERE BE ANY MECHANICAL EQUIPMENT USED EXCEPT SUCH AS USED FOR DOMESTIC OR HOUSEHOLD PURPOSES (OR AS DEEMED SIMILAR TO POWER & TYPE) ? -----
YES YES NO NO
- I.) WILL THE OCCUPATION REQUIRE ANY INTERNAL OR EXTERNAL ALTERATION OR INVOKE CONSTRUCTION FEATURES NOT CUSTOMARY IN A DWELLING? -----
YES YES NO NO
- J.) WILL THE USE GENERATE ANY NOISE, VIBRATION, GLARE, FUMES, ODORS, OR ELECTRICAL INTERFERENCE BEYOND WHAT NORMALLY OCCURS IN THE APPLICABLE ZONING DISTRICT? -----
YES YES NO NO
- K.) WILL ANY TRAFFIC BE GENERATED BY THE HOME OCCUPATION IN GREATER VOLUMES THAT WOULD NORMALLY BE EXPECTED IN A RESIDENTIAL NEIGHBORHOOD? -----
YES YES NO NO
- K1) WILL ANY INCREASE IN PARKING BE NEEDED? -----
YES YES NO NO
- K2) IF YES , WILL THE NEED BE MET WITH OFF STREET PARKING? -----
YES YES NO NO
- K3) THERE WILL BE ONLY (1) NON ILLUMINATED NAME PLATE NOT EXCEEDING TWO BY TWO (2 x 2) FEET DISPLAYING THE OCCUPANT AND/OR THE NAME OF THE HOME OCCUPATION? -----
YES YES NO NO

I HAVE READ THIS QUESTIONNAIRE CAREFULLY AND COMPLETED THE NECESSARY APPLICATION REALIZING THAT IF ANY STATEMENT IS NOT TRUE MY HOME OCCUPATION PERMIT MAY BE DENIED OR VOIDED .

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PROPERTY OWNER
IF DIFFERENT FROM APPLICANT

DATE

REVIEWED BY _____
BUILDING INSPECTOR

Application For Home Occupancy

