



Roll # _____

HOME OCCUPATION QUESTIONNAIRE

Shaded Area is for Town Office Use Development/Building Permit File # _____

Development Permit Required: _____ Yes _____ No LUB District/Zoning _____

Development Officer: _____ Date: _____

Comments: _____

Building Permit Required: _____ Yes _____ No Use: _____

Building Safety Codes Officer: _____ Date: _____

Comments: _____

Plan: _____ Block: _____ Lot: _____

Address/Location of Business: _____

I hereby acknowledge that I reside at the address for which I am applying for a home occupation development permit, and that the information provided below is correct.

Name: _____ Type of Business: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone: _____

Signature of Applicant

Date

Please answer the following questions to assist in the review of your development permit application.

1. **EXPLANATION** – Briefly describe the nature of your business:

2. **EMPLOYEES** – Are you the sole employee? Yes, full-time _____ Yes, part-time _____ No _____
If no, explain _____

EMPLOYEES (con't) Do employees attend the residence? Yes _____ No _____
If yes, how many? _____ During which hours? _____

3. **CUSTOMERS** – Will you have customers coming to your residence? Yes _____ No _____
If yes, how many during the average day? _____ During which hours? _____
How many at one time? _____ Where will they park? _____

4. **STORAGE OF MATERIALS** – Will materials and/or equipment be used in the operation of your business?
Yes _____ No _____ If yes, what kind are they? _____

Where will they be stored? _____

5. **DELIVERY OF GOODS** – Will goods or materials used in connection with your business be delivered to your residence? Yes _____ No _____ If yes, what kind are they? _____

6. **OFF RESIDENCE JOB SITES** – Will your business involve providing goods or services at a site(s) away from your residence? Yes _____ No _____
How often will goods and services be delivered (number of trips to and from the residence) _____
Per Day _____ During which hours _____ Days per Week _____

7. **VEHICLES** – Will you use vehicles(s) in the operation of your business? Yes _____ No _____
If yes, how many and what type? _____
Where will it (they) be parked? _____

8. **RESIDENCE USE FOR BUSINESS** – If you are not the owner of the residence, or if you reside in a condominium, a letter from the registered owner or condominium association is required, giving you authorization to use the residence for the stated business purposes.

What part of the house will be used for business purposes? _____

Are room alterations involved? Yes _____ No _____ If yes, please explain _____

