

**TOWN OF NEW MARKET
APPLICATION FOR
HOME OCCUPATION PERMIT**

Please type or print clearly:

Applicant's Name: _____

Street Address: _____

Zoning District Classification: _____

Proposed Firm Name (If Any): _____

Telephone Number: _____ Tax Map Number: _____

Home Occupation Applied For: _____

Is the applicant the owner of the property for which the permit is requested?

Yes No

If no, you are required to submit with this application a letter from the homeowner stating they have no objection to said business being conducted. List owner name, address, and phone number:

Owner Name: _____ Telephone Number: _____

Owner Address: _____

Number of Employees: _____

Are all of the employees members of the family residing on the premises?

Yes No

If no, how many non-family members will be employed? _____

Is the use conducted within the premises?

Yes No

What are the dimensions of the residence? _____

What are the dimensions of the area of the residence from which your business will operate?

Is an accessory building used in conjunction with the business?

Yes No

If yes, what is it used for: _____

Is there any outside storage associated with this business?

Yes No

What are the proposed hours of operation of this business? _____

What is the number of customer/vendor trips associated with this business within a 24-hour period? _____

Will any merchandise be sold from the premises?

Yes No

If yes, please describe: _____

Are there any window displays of products, goods, or commodities in conjunction with the use?

Yes No

Will the use produce obnoxious odors, glare, noise vibrations, electrical disturbance, radio activity, or other conditions detrimental to the character of the surrounding area?

Yes No

Will there be any signage used in conjunction with the business?

Yes No

If yes, include a description (area, height, information contained on the sign, placement on the property, setbacks if a pole sign): _____

ALONG WITH THE COMPLETED APPLICATION, FURNISH ONE COPY OF A SKETCH SHOWING THE FOLLOWING:

- (1.) Size and shape of the parcel
- (2.) Location of the dwelling on the parcel with setbacks, side and rear yard distance
- (3.) Area to be used for home occupation
- (4.) Access to and from property
- (5.) Number and location of parking spaces

As applicant, I submit the foregoing responses are true and understand that a finding to the contrary by the Zoning Administrator can invalidate this application. I understand that the use shall comply with Section 70-137 of the New Market zoning ordinance, as amended, and that if, at any time the requirements of the Section are exceeded, I may be required to relocate my

business to property suitable to my operation or apply for a conditional use permit for my business if required in the zoning district. I also understand that this permit does not take the place of other licenses that may be required by law, including a Town Business License. This permit shall be renewed annually by application for a Business License.

Applicant Signature Date

FOR TOWN USE:

Approved: _____

Permit Number: _____

Special Conditions: _____

Signature Date

Title

Denied: _____

If Denied, Explanation: _____

Signature Date

Title