



TOWN OF NEW DURHAM
HOME OCCUPATION APPLICATION

For Office Use Only	
Date Received: _____	By: _____
Application Fee \$ _____	Date Paid: _____
BI Inspection Approval: YES NO	_____
	Building Inspector Signature
ZBA Special Exception Granted: YES NO	Date: _____

APPROVAL IS BASED ON AND LIMITED TO THOSE REPRESENTATIONS MADE IN THIS APPLICATION. ANY CHANGES TO, OR EXPANSIONS OF, THE HOME BUSINESS REQUIRE AN AMENDMENT TO THIS PERMIT. ALL APPLICATIONS MUST BE SUBMITTED TO THE ZBA FOR A SPECIAL EXCEPTION.

APPLICATION

GENERAL INFORMATION

(TO BE FILLED OUT BY ALL APPLICANTS)

Applicant Name: _____		
Applicant Address: _____		
City, State, Zip: _____	Map _____	Lot _____
Check the Appropriate Underlying Zoning District: _____ Town Center/Mixed Use _____ Residential/Agricultural/Recreational		
Business Name: _____		
Cell Phone: _____	Home/Bus Phone: _____	
Email: _____		

1. Please describe the type of business operations to take place within your place of residence:

2. Attach a sketch on graph paper of the lot, drawn to scale. Show location and dimensions of all structures. Show parking areas, sign location, and outdoor lighting location.
3. What is the total floor area of all structures on site? _____
4. How many square feet will be designated for business use? _____
5. What percentage of the total floor area is designated for business use? (divide #3 by #2)

6. How many employees, including yourself, will be employed by this home occupation?

7. Days of operation (circle): Mon Tue Wed Thu Fri Sat Sun
8. Hours of operation: _____ to _____
9. How many business parking spaces will be available? _____
10. Please explain how traffic will be impacted in the neighborhood.

11. Will heavy commercial vehicles be used to operate this business? _____
12. Will the business operation create adverse effects, including but not limited to noise, vibration, glare, heat, dust or airborne particles, odor or fumes, smoke or electrical interferences? _____ If yes, please explain. _____

13. Does the operation of this home occupation generate hazardous waste? (Example: gas, oil, lubricants, fluids, etc. _____ If yes, please explain. _____

14. Will customers be coming in the dark or twilight at any season of the year? Yes ____ No ____
_____ If yes, please describe plans for external lighting.

15. Please attach a sketch of the signage which will be used for advertising the home occupation.

16. Does the home occupation involve any storage of materials or business operations out of doors? _____ If yes, please explain.

17. What are the gallons per day capacity of the septic system? _____ How many bedrooms are in the house? _____

18. Will the new business create any additional wastewater or bathroom usage? _____

19. In your opinion, is the current septic system capacity adequate for the new business use? _____ Please explain: _____

Please read and sign: By signing this application, I understand that inspections of the property are required and authorized personnel may need to enter the property.

Signature of Applicant _____ Date _____

<u>For BI Use Only:</u>			
Check List	Required	N/A	Date Completed
Inspection by Building Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Health Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire/Safety Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Driveway Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Septic System Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Special Exception by ZBA	<input type="checkbox"/>		<input type="text"/>