OFFICE OF THE PLANNING DIRECTOR

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HOME OCCUPATION REGISTRATION FORM

Name: _____ Tel: _____

Map: ___ Lot: _____ Street Address: _____

Mailing Address (if not same): _____

Business Name (d/b/a): _____

Description of Business (attach additional sheets as needed): _____

_____

Square footage devoted to business: Ex. Gross Dwell: _____ Occupation use: _____

Use % (20% max.): _____Outbldg: _____Use % (50% of dwell. max.): _____(1000 sf max.)

Will you have a sign? _____ (Note: If yes, a separate Building Permit is required for a sign.)

Number of Employees: ___ Days and Hours of Operation: _____

Amount of parking available? _____ Anticipated number of business-related trips/day? _____

Are any State Licenses required? ____ If yes, give type and number: _____

NOTE: I certify that I have read and understand the regulations and restrictions covering Home Occupations in the Town of Amherst Zoning Ordinance.

DATE: _____ SIGNED (by owner or with written authorization from owner):

_____

FOR OFFICIAL USE ONLY:

Home Occupation Class: ____ A; ____ B; ____ C

With a signature below by a Planning Department Official, this Home Occupation is Officially Registered, and must be renewed every five years or upon sale of the property shown above.

DATE: _____ SIGNED: _____

v 5.15.08