

APPLICATION FOR NO- IMPACT HOME BUSINESS PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____

Between: _____ and _____
CROSS STREET CROSS STREET

Subdivision: _____ Lot #: _____ Lot Size: _____ Tax Parcel #: _____

Property Owner – Name & Address

Applicant – Name & Address

Phone Number _____ Phone Number - _____

Describe in detail your proposed no impact home business.

What type of equipment is used to perform the business? _____

What portion of the home will the business be practiced in? Ex: home office, garage, basement, second floor, etc. _____

How many square feet of the home will be used for the occupation? _____ Approximate percentage of home.

Will your proposed use create any additional waste? (Y / N) Have you developed a Waste Management Plan (Y / N) if yes; provide copy
How will any additional waste be disposed of? _____

USE BACK OF APPLICATION FOR ADDITIONAL INFORMATION

APPLICANT'S SIGNATURE

DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I have read the East Marlborough ownership Zoning Ordinance pertaining to Home Businesses (example Section 502D.3) and related sections and will abide by the rules and regulations set forth therein. I understand that this permit will only be issued for the home business as listed and no other. I understand that additional information and/or permits may be required prior to the issuance of this permit. The Township may ask to view the premises prior to issuing this permit.

DO NOT WRITE BELOW THIS LINE

Permit No. _____

Received - _____

Permit Fee - _____

Paid Date - _____

Paid By - [] Check # - [] Cash

Township Validation - _____

Notes - _____

Approved By: _____

Date: _____

ADDITIONAL INFORMATION

Will the business activity be compatible with the residential use of the property and surrounding residential uses?

Will the business employ other than family members residing in the home and number?

Will there be displays, stockpiling and inventory?

What will be the frequency of customer, client or patient traffic?

What will be the frequency of delivery and pick up traffic?

Will there be any appearance of a business use, parking, signs or lighting?

Will the business activity equipment or process create noise, vibration,,glare, fumes, or odors?,

Will there be any electrical or electronic interference, including interference with radio or television reception, which is detectable in the neighborhood?

Will the business involved be considered an illegal activity?

ADDITIONAL INFORMATION AND ATTACHMENTS

Applicant's Signature _____ Date _____