

TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD 603-926-4618



NEW HAMPSHIRE 03844

HOME OCCUPATION APPLICATION/PERMIT

P/B File No.: _____ Date Submitted: _____

Name of Business: _____

Tax Map/Lot No.: _____/_____

Business Address: _____

Applicant Name: _____ Tel: _____

Address: _____ Signature _____

Is Applicant the Property Owner? _____ Yes _____ No

If no, identify Owner: Name _____ Tel _____

(letter of authorization required)

Address: _____ Signature _____

Describe the nature of the business to be conducted including products and/or services to provided:

1. Is this the only home occupation/business on this property? _____ Yes _____ No

2. Gross floor area of all buildings on the property: _____ (sq ft)

Floor area to be used for the home occupation: _____ (sq ft)

(Standard: 1/4 of total to a maximum of 600 sq ft)

3. Number of Employees: _____ Resident _____ Non-Resident

(Standard: Not more than three (3) total - residential and non-residential employees are allowed, all businesses combined)

4. Identify the hours of operation and any impact(s) to the neighborhood: _____

(Standard: 8AM to 5PM, Mon thru Fri)

5. Number of business parking spaces available _____ (Standard: Three (3) maximum)

6. Will heavy commercial vehicles be used in the operation of this business? ___ Yes ___ No

How many deliveries/shipments per week do you anticipate? _____

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7. Will the business operations create adverse affects including, but not limited to: noise, vibration, glare, heat, dust, odor, fumes, smoke or electrical interference? ___ Yes ___ No If yes to any, please explain:

8. Will this business use or generate hazardous material or hazardous waste? ___ Yes ___ No If yes, please explain:

9. Please describe plans for external lighting:

10. Will a sign be used to identify the business? ___ Yes ___ No If so, please attach a sketch including the proposed location and sign dimensions.

11. Does the business involve any outdoor storage of materials?

12. Are the operations of the business conducted entirely within enclosed buildings?

13. Is the septic system capacity adequate (for the home use requirement together with the new business use)? Please explain:

14. Does this occupation require license(s) or professional registration(s)? ___ Yes ___ No If yes, please provide copies.

Building Inspector _____ does/does not recommend
Planning Board approve this application. Date _____

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Planning Board approval: Date _____

Chairman _____