

TOWN OF NEW HAMPTON
Operation of a Home Occupation/Professional Office

Date: _____

Name of Owner(s): _____ Tax Map & Lot: _____

Tel. No. _____ Email Address: _____

Owner Address: _____

Property Location: _____ Zoning District: _____

Detailed Description of the Proposed Home Occupation: _____

To be located in: (*Check appropriate*) Residence Accessory Structure

Total combined square footage of residence and accessory structure(s): _____

Total square footage to be utilized by Home Occupation/Professional Office: _____

Will all the criteria set forth in the New Hampton Zoning Ordinance, Article V, Section C & Article XIV Definition of Home Occupation/Professional Office be met? _____

Signature of Owner(s)

Will written approval be required of the Fire Chief? _____

IMPORTANT: Attach floor plans as shown in the examples on the 2nd page of this application

The Board of Selectmen voted to Approve Deny at their meeting on: _____

Remarks: _____

Show the footprint and square footage of any primary and accessory structures used in the calculation for determining compliance with Zoning Ordinance relative to the Home Occupation/Professional Office.

Label the location(s) and square footage of the area used by the Home Occupation/Professional Office.

<p>Home (1st floor)</p> <p>1080 sq. ft.</p>	<p>Breezeway 144 sq. ft.</p>	<p>Garage 576 sq. ft.</p>
		<p>Home Occupation in garage only</p>

<p>Home (2nd floor)</p> <p>1080 sq. ft.</p>

Total square footage of primary and accessory structures shown in example is: 2,880 sq. ft.

Total square footage of area being utilized by Home Occupation/Professional Office: 576 sq. ft.

Percentage of total square footage used by the Home Occupation/Professional Office: 20%