

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

Date _____

Name of Owner(s) _____

Address _____ Tel. No. _____

Property Location _____ Zoning District _____

Current Tax Map Reference: Tax Map No. _____ Lot No. _____

Abutting Owners:

Name & Address No. 1 _____

No. 2 _____

No. 3 _____

Detailed Description of the Proposed Home Occupation:

To be located in the Residence or Accessory Building? _____

Total Square Footage of Building _____

Total Square Footage of Building Utilized by Home Occupation _____

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

Signature of Owner(s)

Will written approval be required of the Fire Chief? _____

The Board of Selectmen at their meeting on _____ reviewed this proposal.

Remarks _____

