

APPLICATION FOR
HOME OCCUPATION PERMIT

NAME _____

PHONE _____

ADDRESS _____

TAX MAP NUMBER _____

Home occupation or profession applied for: _____

Is the applicant owner of the property on which the permit is requested?

YES NO

If not, owner of property shall sign here _____
SIGNATURE OF OWNER/DATE

Will all employees of the use be members of the family residing on the premises?

YES NO

Will the use be conducted in the main building?

YES NO

Will an accessory building be used for storage or inventory in conjunction with the use?

YES NO

Will there be any storage of materials associated with this use?

YES NO

The use will occupy the following percentage of floor area _____

What number of customer/vendor vehicular trips associated with use within a 24-hour period? _____

Will the use produce obnoxious odors, glare, noise vibrations, electrical disturbance, radio activity or other conditions detrimental to the character of the surrounding area?

YES NO

Will there be any window display of products, goods, or commodities in conjunction with the use?

YES NO

As applicant, I submit the foregoing responses are true and understand that a finding to the contrary by the Zoning Administrator can invalidate this application. I understand that the use shall comply with Chapter 19, §9-177 through §9-179 of the Town of Dayton Code, as amended, and that if, at any time, the requirements of that Section are exceeded, I shall be required to apply for a Special Use Permit for a home occupation or profession.

APPLICANT

DATE

Please draw a plot plan in the space below to show:

- (1) Size and shape of parcel
- (2) Location of dwelling on parcel with setback, side and rear yard distance
- (3) Area to be used for home occupation or profession
- (4) Access to and from property
- (5) Number and location of parking spaces