

MAP

LOT

ZONE

PERMIT # HO \_\_\_\_\_

# TOWN OF OGUNQUIT

## Permit Application For A HOME OCCUPATION

**Applicants Name:**

**Mailing Address:**

**Home Telephone No.**

**Street Address:**

**Name of Business/Home Occupation**

Describe the proposed business activity to be conducted in the home, the nature and type of products sold, if customers will be coming to the home or is the occupation a service business or trade. Will the business activity create noise, smoke, glare or electrical disturbance? List raw materials, chemicals or food products used. Will the business or any business activity, such as storage be conducted in an accessory structure or on the grounds of the property? Mention the # of delivery / shipping truck trips per day. Sketch your lot and show location of buildings and parking on the back of this form. State any other condition that will further describe your business activity.

**I certify that the information provided is complete and that I have read the requirements of Article 9.7 of the Ogunquit Zoning Ordinance; which apply to Home Occupations.**

Note: Home Occupations must receive an inspection and a Certificate of Occupancy prior to USE.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**OFFICIAL USE ONLY**

Fee \$50.00 PD ( )

PERMIT # HO \_\_\_\_\_

Date Received \_\_\_\_\_

- ( ) Application Denied
- ( ) Application Approved
- ( ) Sent to Zoning Board of Appeals

**APPROVED**

\_\_\_\_\_  
Code Enforcement Officer

**DATE** \_\_\_\_\_