

**TOWN OF MIDDLETOWN
HOME OCCUPATION PERMIT
QUESTIONNAIRE**

PLEASE PRINT OR TYPE

DATE: _____

PERMIT # HO1- _____

Name of applicant _____ TELEPHONE # _____

Address of property _____

Name of property owner _____

What is the business name? _____

What is the type of business you will be conducting? _____

Are there any other home occupations at this location? _____

How many business related vehicle visits will be made to the property each week? _____

What products or services will be made or provided on the property? _____

Will there be any retail sales on the property? _____ If so what will be sold? _____

Will the home occupation be located in the residence or an accessory structure? _____

If an accessory structure is used, what is the total square footage of the building? _____

How many square feet will be used for the home occupation in the accessory structure? _____

How many non-resident employees will be working at this address? _____

Will there be any outdoor storage used for this home occupation? If so explain _____

Will you be posting any signs or advertising on the property? _____

Do you have a private or common driveway? _____

Signature _____ Date _____

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For Office Use Only

Tax ID #

Tax Map & Parcel #

Lot Size

Zoning District

No Impact

Minor Impact

Road Classification

Parking Requirements

Approved By

Reason not granted

Date