

**HOME BUSINESS
SUPPLEMENTAL QUESTIONNAIRE**
(ZONING PERMIT for USE must be filled out)

1. Will the proposed business be conducted entirely within the confines of the home?

Yes No

2. If "No," where on the premises is the business proposed to be conducted?

3. If "Yes," what is the total, habitable area of the home, to include finished basements and/or attics if applicable, in square feet? _____: SQUARE FEET.

What is the size of the area in the home, expressed in square feet that will be dedicated to the operation of the proposed business? _____: SQUARE FEET.

4. How many persons will be employed in the conduct of the proposed business? _____ PERSONS

Of this total, how many will be resident family members, and how many will be non-residents?
_____ RESIDENTS _____ NON-RESIDENTS

5. Will the operation of the business entail the display or sale of goods/products?

DISPLAY: Yes No SALE: Yes No

6. Will the operation of the business entail the storage of inventory/stock-in-trade on the premises?

Yes No

If "YES," describe the inventory/stock to be stored on site:

Approximate the volume of the inventory/stock to be stored on site (i.e. the number of units, number of cases, etc.) _____

Specifically indicate where on the premises the inventory/stock is to be stored:

7. Will the conduct of the business result in the generation of any off-site, sensory stimuli of the following nature? (Answer all categories.)

Noise: Yes No Vibration: Yes No
Odor: Yes No Fumes: Yes No
Glare: Yes No Electrical Interference: Yes No

8. Will the conduct of the business result in the generation of refuse and/or sanitary sewage in volumes and/or types not normally associated with the residential use of the property?

Yes: Describe:

No: Describe: _____

9. Will the conduct of the business necessitate the delivery of stock-in-trade and/or other business-related items to/from the premises?

Yes No

If "Yes," approximate the total number of deliveries received and/or outgoing shipments made per day _____, and per week _____.

If "Yes," describe the vehicle(s) used to deliver/ship the goods related to the conduct of the business (i.e. – personal automobile, van, UPS/FedEx-type truck, tractor-trailer, etc.):

10. Will the proposed business operation entail any illegal activity?

Yes No

Owner: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone: Email:

Signature: _____ DATE SIGNED _____

Print Name: _____

Inspector: _____ Date Approved: _____ Date Completed: _____

Office Use: Category 1 Home Occupation: Category 2 Home Occupation: