

**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?

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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:

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

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

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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: