

This application/permit is needed if you plan to hire employees .

Fee: \$10.00 Non-refundable

Town of Stoddard Home Occupation Application

Name: _____

Address: _____

Town, State: _____ Zip: _____

Location of Home Occupation: Stoddard Tax Map # _____ Lot # _____

Applicant has obtained a copy of Article IV, Commercial and Industrial Uses, #2 Home Occupations

Yes ☐ No ☐

How many resident members will be engaged in your Home Occupation? _____

How many employees do you plan to have working who are not resident members? _____

Describe **in detail** what the home occupation will entail:

What changes do you plan to make to the structure or detached structure to accommodate your Home Occupation? _____

Do you plan to erect a sign? Yes ☐ No ☐

If yes, you must comply with the Stoddard Sign Ordinance (Community Planning Ordinance: Article XIV).

Does your deed restrict your proposed Home Occupation? Yes ☐ No ☐

This application must be signed by a majority of the Stoddard Selectman to become valid! If the Selectmen determine this is not a Home Occupation under Article IV and falls under Commercial Usage, then this application will be denied.

The applicant/abutter has the option to appeal the decision to the Stoddard Zoning Board of Adjustment within 20 days (RSA 677)

_____	_____	Selectman	date
Applicant	date	Selectman	date
		Selectman	date