

PALMYRA HOME OCCUPATION PERMIT APPLICATION

NAME OF OWNER: _____ PERMIT FEE \$ _____

MAILING ADDRESS: _____

TELEPHONE #: _____

LOCATION OF PROPERTY: _____

ZONING DISTRICT: _____

TOWN TAX MAP # _____ LOT # _____ ACREAGE _____

DEED RECORDED IN SOMERSET COUNTY REGISTRY OF DEEDS: BOOK # _____ PAGE # _____ DATE _____

PRESENT USE OF PROPERTY: _____

INTENDED USE OF PROPERTY: _____

IS PROPERTY PART OF A SUBDIVISION? _____ SUBDIVISION NAME: _____

PROVIDE THE FOLLOWING INFORMATION:

IS THE HOME OCCUPATION BUSINESS PERMITTED IN THE DISTRICT? _____

HOME OCCUPATION OCCURRING IN THE RESIDENCE? _____ SIZE OF DWELLING (SQUARE FEET) _____

DESCRIBE RENOVATIONS _____

DOES THE HOME OCCUPATION USE SUBSTANTIALLY CHANGE THE APPEARANCE OR CONDITION OF THE RESIDENCE? _____

PERCENTAGE OF FLOOR AREA BEING USED _____

DOES THE HOME OCCUPATION INJURE THE USEFULNESS OF THE DWELLING UNIT? _____

HOME OCCUPATION OCCURRING IN AN ACCESSORY BUILDING? _____

WHAT IS THE SIZE OF THE ACCESSORY BUILDING: _____

WHAT PERCENTAGE OF THE ACCESSORY BUILDING WILL BE USED FOR THE HOME OCCUPATION _____

DOES THE USE INJURE THE USEFULNESS OF THE ACCESSORY BUILDING FOR NORMAL RESIDENTIAL USE? _____

DOES THE USE SUBSTANTIALLY CHANGE THE APPEARANCE OR CONDITION OF THE ACCESSORY BUILDING? _____

HOME OCCUPATION IS CONDUCTED ONLY BY A MEMBER/MEMBERS OF THE FAMILY RESIDING IN THE RESIDENCE? _____

WILL ANY OF THE FOLLOWING BE CREATED AS A RESULT OF THE HOME OCCUPATION: NOISE, VIBRATION, SMOKE, DUST, ELECTRICAL

DISTURBANCES, ODORS, HEAT, GLARE: _____

DESCRIBE DAY/HOURS OF OPERATION: _____

DESCRIBE THE ADDITIONAL TRAFFIC GENERATED: _____

USE REQUIRE ADDITIONAL PARKING [IS YES, SHOW ON SITE PLAN]? _____

WILL AN UNFINISHED ATTIC OR BASEMENT SPACE BE UTILIZED? _____

ANY ADDITIONAL USE/STORAGE OF HAZARDOUS OR LEACHABLE MATERIALS? _____

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ALL ACTIVITY OF CONSTRUCTION WILL BE IN COMPLIANCE WITH APPLICABLE LAWS AND TOWN OF PALMYRA ORDINANCES.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

ATTACH A COPY OF YOUR DEED

ATTACH COMPLETED SITE PLAN WITH ALL REQUESTED INFORMATION

- Applicant shall pay the PERMIT FEE with the completed application.
- Applicant shall submit two (2) copies of the complete application to the Town Office seven (7) calendar days prior to the next Planning Board meeting.

USE THIS PAGE FOR SITE PLAN OF PROPERTY

Provide SITE PLAN to scale (indicate the scale) with the following information:

Size and shape of the lot; location of all structures; location of driveway/existing parking and any planned expansion of parking; name of abutting land owners, north arrow.

PALMYRA HOME OCCUPATION PERMIT

FOR OFFICE USE ONLY

Permit Fee Amount: _____

Applicant: _____

Cash or Check / Check # _____

Receipt #: _____

Received by: _____

Date Received: _____

FOR PLANNING BOARD USE ONLY

Conditions(s):

1. All work must be performed according to the application and the sketch plans as submitted.

2. All additional local, state, or federal permits, if applicable, must be obtained.

3. _____

4. _____

5. _____

6. _____

7. _____

Signed this _____ day of _____, 20____ by Planning Board Members

Chair _____

Vice Chair _____

Member 1 _____

Member 2 _____

Member 3 _____