

**Town of Chichester**  
Application for  
**Home Occupation Permit**

(Use additional sheets if required information does not fit within the spaces provided upon this application.)

1. **Name of Inhabitant of Home** \_\_\_\_\_
2. **Physical Address** \_\_\_\_\_
3. **Mailing Address (If Different)** \_\_\_\_\_
4. **Name of Owner (If Different)** \_\_\_\_\_
5. **Mailing Address (If Different)** \_\_\_\_\_
6. **Name of Proposed Business** \_\_\_\_\_
7. Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zoning District \_\_\_\_\_
8. Number of Employees \_\_\_\_\_ Number of Non-Inhabitant Employees \_\_\_\_\_
9. Expected Daily Traffic \_\_\_\_\_ # of vehicle trips per day including customer/client, business, and delivery vehicles. A vehicle trip is defined as a each time a vehicle enters or leaves the property.
10. Square footage of home \_\_\_\_\_ Square footage used by business \_\_\_\_\_
11. Describe the proposed business you intend to operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is this business sexually explicit in nature? \_\_\_\_\_ YES \_\_\_\_\_ NO
13. Are you presently operating a business in your residence? \_\_\_\_\_ YES \_\_\_\_\_ NO
14. Will the proposed business utilize the basement or cellar? \_\_\_\_\_ YES \_\_\_\_\_ NO
15. What equipment will be used in the operation of your proposed business? \_\_\_\_\_  
\_\_\_\_\_
16. Will any architectural or structural modifications to the residence be required?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If "YES", describe modifications: \_\_\_\_\_  
\_\_\_\_\_

17. Will there be a sign posted on the business premise? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If "YES", include a diagram of the sign indicating size, layout and placement.
18. Indicate the proposed hours of operation of your business:  
 \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. (hours) / \_\_\_\_\_ to \_\_\_\_\_ (days) (M-F, Sat, Sun)
19. How many vehicles will be used in the operation of your business? \_\_\_\_\_
20. What and how much parking will be provided for clients/visitors/employees of the proposed business?  
 \_\_\_\_\_ No Parking Provided \_\_\_\_\_ (Qty) Off Street Parking
21. Is there any outdoor lighting directly related to the operation of the proposed business?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If "YES", include fixture specifications and a detailed plan of their layout and placement.
22. Is there any outdoor noise associated with the operation of the proposed business?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If "Yes", what type and level of noise is anticipated, and what actions will be taken to abate any such noise from abutting properties? \_\_\_\_\_
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23. Are there any hazardous materials that will be used in association with the Home Occupation?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If "Yes", what type and quantity \_\_\_\_\_
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24. Required Attachments:
- 24-A. Scale plat of the property, showing all structures, existing and proposed, driveway(s), and parking area(s).
  - 24-B. Scale floor plan of residence, indicating area(s) to be used for proposed business.
  - 24-C. Names and addresses of all abutting property owners.
  - 24-D. Scale diagram of any proposed signage including color and placement.
  - 24-E. Detailed layout plan of all associated lighting to include specifications of all fixtures.
  - 24-F. Payment for all related application, notification and publication fees. (A detailed invoice will be presented at time of application submission.)

**ATTESTATION AND CERTIFICATION**

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in the denial of this application or if approved may result in penalties related to its enforcement. I further understand that any approval given to this application shall be based upon the information contained herein and in addition to any testimony provided during the public meetings with the Planning Board upon which such application was heard.

Applicant Signature \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_