

Date Received _____
By _____
HOA# _____

## Home Occupation Application

**Property Owner Name(s)** *(Required on all applications)* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Tax Map / Lot Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Applicant/Tenant Name(s)** *(if different from above)* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Does your proposed Home Occupation meet the following definition and criteria?**

*(See: Ashland Zoning Ordinance, §4.6, Home Occupations and §10, Definitions)*

1. The proposed business use is conducted within a dwelling by the inhabitants and is clearly secondary and incidental to the use of the premises for residential purposes.  Yes  No
2. The proposed business does not change the character of the building or the character of the neighborhood.  Yes  No
3. Advertising shall be limited to business cards, flyers, and newspaper ads, which may refer to the location of the structure and type of occupation.  Yes  No
4. Signage shall be limited to up to 12 inches high by up to 30 inches in length or up to 30 inches high by up to 12 inches in length, or any configuration not to exceed 360 square inches.  Yes  No
5. Storage of goods is only allowed within the primary structure or accessory building.  Yes  No
6. Adequate off-street parking spaces are permitted as deemed necessary by the applicant.  Yes  No
7. The occupation shall not cause nuisance due to noise, radiation, radio interference, vibration, sound pressure, odors, dust, fumes, vapors, gases, smoke or glare.  Yes  No
8. No more than thirty-three percent (33%) of the gross floor area of the occupied dwelling unit shall be devoted to such a home occupation.  Yes  No
9. There shall be no outside parking of vehicles defined as Bus, Combination Vehicle, Motor Truck, Semi-trailer, Tractor-trailer, and Truck-tractor. (Section 4.6b)  Yes  No

**Description of Proposed Home Occupation and Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Days and Hours of Operation:** \_\_\_\_\_

**Number of Persons On Site Engaged in Home Occupation:** \_\_\_\_\_

**Location of Home Occupation:** \_\_\_ in the residence, or \_\_\_ in an existing accessory building

**Residence square feet:** \_\_\_\_\_ **Home Occupation square feet:** \_\_\_\_\_

**This application must be accompanied by a sketched plan, including:**

- \_\_\_ All building dimensions (include any additions)
- \_\_\_ Parking areas/spaces/driveway
- \_\_\_ Location of proposed home occupation

**All applicable permits have been obtained, including, but not limited to:**

- \_\_\_ Sign Permit
- \_\_\_ Building/Electrical/Plumbing permits
- \_\_\_ Environmental permit (NH DES, etc.)
- \_\_\_ Access (Ashland Driveway Permit or NH DOT)

**Certification**

- If the application for the home occupation is approved, I/we will comply with the ordinances of the Town of Ashland in the operation of the approved home occupation.
- I/We agree to allow the Code Enforcement Officer or his designee to inspect the subject-property upon reasonable notice to ensure compliance with all requirements.
- I/We are aware that if any of these conditions are violated, it may result in revocation of this permit and/or possible fines.

\_\_\_\_\_  
Property Owner Signature(s) *(Required)*      Print Name(s)      Date

\_\_\_\_\_  
Applicant/Tenant Signature(s) *(If different)*      Print Name(s)      Date

**OFFICE USE ONLY**

**Comments Concerning Proposed Home Occupation**

Ashland Fire Department (Life Safety):

Ashland Police Department:

Ashland Health Officer:

**Planning Board Action**

\_\_\_ Reviewed and Approved by the Planning Board      Date \_\_\_\_\_

\_\_\_ Denied by the Planning Board      Date \_\_\_\_\_

Reason(s):

\_\_\_ Other Action Needed

      \_\_\_ Site Plan Review (Planning Board)

      \_\_\_ Special Exception/Variance (Zoning Board)

      \_\_\_ Other:

Planning Board Signature \_\_\_\_\_ Date \_\_\_\_\_