

Application to Establish a Home Occupation

Town of Hollis

Version 0416

Name of Applicant: Applicant Mailing Address: Telephone Number: Property Address/Location: Physical/Mailing Address: Property Owner, if different : Address: Telephone Number:			
	Map	Lot	Zone

I have reviewed, and understand, the following sections of Hollis Zoning Ordinance:
 Article 2. Definition of Home Occupation
 Article 5. Land Use Requirements
 Article 6.11. Home Occupations
 Article 6.15.1 and 6.15.2 for Off-Street Parking
 Article 6.19.1. Permitted Signs
 Attachment A. Use Table

Describe the proposed use

Required Attachments:

- Copy of deed
- Property owner permission, if applicable
- Sketch and dimensions of proposed signage
- Hours of operation
- Plans for parking
- Number of employees
- Sketch of proposed site alterations, if any
- Sketch of the plot plan of the lot, showing all buildings/structures, lot lines, and driveway/access to lot
- Sketch of the floor plan within the building/structure where the home occupation will be located

After initial review by the CEO, additional information may be requested.

Application to Establish a Home Occupation

I, _____, agree to meet all Local, State, DOT, DEP and other regulatory requirements as applicable. I also understand that failure to conform to the above requirements and restrictions is a violation of the Ordinance and may be punishable by a fine.

Applicant Signature

Signature of land owner if different

Printed Name

Printed Name

Attachments:

Application fee payable to the Town of Hollis in the amount determined by the Select Board

Copy of deed

Property owner's permission, if applicable

Sketch and dimensions of proposed signage

Days and hours of operation

Sketch plan for parking

Number of employees

Sketch of the plot plan of the lot, showing all buildings/structures, lot lines, and driveway/access to lot

Sketch of the floor plan within the building/structure where the home occupation will be conducted

Sketch of proposed site alterations, if any

Other Information

Action by Code Enforcement Officer:

Approved

Date: _____

Denied

Date: _____

Reason for denial

Permits Required:

Building Permit

State Permits

DOT

Shoreland Zoning

Conditional Use Permit

Other Permits/Reviews

Comments:

CEO Signature

Date