

Town of New Lebanon HOME OCCUPATION CHECKLIST

Application#	

Name (print)		Tax Map #
	erty Address gAddress	Phone
1.	What is the current use(s) of the structure/property?	
	single family dwellingmulti-family dwellingtwo family dwellingother (describe)	
2.a.	Where will the HOME OCCUPATION be conducted? _dwelling unit _accessory structure _both	
b. Th	ne dwelling unit hastotal sq ft habitable space. (Attach How much space will be associated with the HOME OCCUI HOME OCCUPATIONsq ft used in the dwelling ur Accessory structuresq ft (if used for HOME OCCU	PATION ? vit.
3. Wil	there be any employees other than the people who reside in tNoYes HOW MANY ?	he dwelling?
4. Will	customers/clients come to this address?NoNo How many per hour? How many per day? How many per week? What type(s) of vehicles?	
5. Will	there be deliveries/pickups at this address? _No _Yes How many per hour? How many per day? How many per week? What type(s) of vehicles?	
6. Will	there be any vehicles associated with the HOME OCCUPATINoYes	ON parked on the property?
	What type(s) of vehicles ? How many of each type ? Where will they be parked ?	
7. Will	there be a HOME OCCUPATION sign ?NoNo (Attach sign description/location)	Yes
8. Wh	at will be the hours of operation?AM/PM to	AM/PM
9. Wh	at days of the week will business be conducted? S-M-T-W-T-F-S (circle appropriate days).	
10. A 1	tach:site plannarrative of the business.	

Upon review of the above information, the Building Inspector will determine if a Special Exception or Variance is required, and if the Home Occupation Permit may be issued. The Zoning Board of Appeals will also use this information in connection with the Special Permit review.