



Town of New Lebanon  
**HOME OCCUPATION CHECKLIST**

Application# \_\_\_\_\_

Name (print) \_\_\_\_\_

Tax Map # \_\_\_\_\_

Property Address \_\_\_\_\_

Phone \_\_\_\_\_

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

1. What is the current use(s) of the structure/property ?  
 single family dwelling       multi-family dwelling  
 two family dwelling       other (describe) \_\_\_\_\_
  
2. The home occupation will be conducted within a dwelling unit.  yes  no
  
3. Will there be any employees other than the people who reside in the dwelling ?  
 No  Yes    HOW MANY ? \_\_\_\_\_
  
4. Will customers/clients come to this address ?  No  Yes  
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 OCCUPATION parked on the property ?  
 No  Yes  
  
What type(s) of vehicles ? \_\_\_\_\_  
How many of each type ? \_\_\_\_\_  
Where will they be parked ? \_\_\_\_\_
  
7. Will there be a HOME OCCUPATION sign ?  No  Yes  
**(Attach sign description/location)**
  
8. If open to customers, what will be the hours of operation ? \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM
  
9. If open to customers, hat days of the week will business be conducted ?  
S - M - T - W - T - F - S (circle appropriate days).
  
10. **Attach:** \_\_\_\_\_ **site plan** (if open to customers)      \_\_\_\_\_ **narrative 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.