APPLICATION

NO-IMPACT HOME OCCUPATION PERMIT

NEW LONDON TOWNSHIP

Date:	e: Tax Parcel Nun	າber:	
Name	ne:		
Addre	ress:		
Phon	ne number:		
Descr	cription of Home Occupation:		
	_ Are all persons employed by the home occupation residing on the premises?		
	_ What percent of the total floor area of the dwelling unit is occupied by the business?		
	Does the exterior of the residence have an appearance different than if there was no occupation conducted inside?		
	Are all activities and associated materials completely er storage and displays?	nclosed in the residence, including	
	Does the activity emit noise, odors or light which are noticeable at the property line?		
	Will there be any client or customer traffic, pick-up or c of those normally associated with residential use?	lelivery to or from the premises, in excess	
	all property owners within 1000 feet of the property line with occupation.	ho have been notified of the intended	
Appli	licant's Signature:	Date:	
Zonin	ing Officer Signature:	Date:	
Mem	nber Board of Supervisors:	Date:	
Fee:			

<u>Note</u>: This application to be submitted to the Zoning Officer for approval. Zoning Officer will submit to Board of Supervisors for acknowledgement and information.