

**TOWN OF INDIAN HEAD  
HOME OCCUPATION PERMIT  
APPLICATION**

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

PERMIT # HO2023-\_\_\_\_\_

Name of applicant \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Address of property \_\_\_\_\_

Name of property owner \_\_\_\_\_

What is the business name? \_\_\_\_\_

What is the type of business you will be conducting? \_\_\_\_\_

Are there any other home occupations at this location? \_\_\_\_\_

How many business related vehicle visits will be made to the property each week? \_\_\_\_\_

What products or services will be made or provided on the property? \_\_\_\_\_

Will there be any retail sales on the property? \_\_\_\_\_ If so what will be sold? \_\_\_\_\_

Will the home occupation be located in the residence or an accessory structure? \_\_\_\_\_

If an accessory structure is used, what is the total square footage of the building? \_\_\_\_\_

How many square feet will be used for the home occupation in the accessory structure? \_\_\_\_\_

How many non-resident employees will be working at this address? \_\_\_\_\_

Will there be any outdoor storage used for this home occupation? If so explain \_\_\_\_\_

Will you be posting any signs or advertising on the property? \_\_\_\_\_

Do you have a private or common driveway? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

|          |                    |          |                 |
|----------|--------------------|----------|-----------------|
| Tax ID # | Tax Map & Parcel # | Lot Size | Zoning District |
|----------|--------------------|----------|-----------------|

|           |              |              |                     |                      |
|-----------|--------------|--------------|---------------------|----------------------|
| No Impact | Minor Impact | Major Impact | Road Classification | Parking Requirements |
|-----------|--------------|--------------|---------------------|----------------------|

|             |                    |      |
|-------------|--------------------|------|
| Approved By | Reason not granted | Date |
|-------------|--------------------|------|

Board of Appeals Hearing Required?  Yes  No    Zoning Administrator: \_\_\_\_\_