



TOWN OF GOFFSTOWN, NH HOME OCCUPATION REGISTRATION

Date: _____

Applicant Name: _____

Name of Business: _____

Telephone Day: _____ Evening: _____

Property Owner Name: _____

Property Address: _____

Property Owner Telephone Number Day: _____ Evening: _____

Map: _____ Lot: _____ Zoning District: _____

Type of Occupation: _____

Describe the nature of the business to be conducted including materials to be used and products and/or services to be provided. _____

Gross square footage of residence (all floors, including basement): _____

Square footage of residence to be used for home occupation: _____

Number of employees: Resident _____ Non-Resident _____

Identify the hours of operation: _____

Will a Home Occupation Sign be displayed? _____

(A sign cannot be erected until a sign permit has been issued)

Submit a floor plan of residence, detailing the area used for proposed business.

Submit a plot plan or photograph of property to show driveway and area available for parking by customers and employees.

For home occupations which require more water consumption than standard household uses such as home cooking or beauty salons must submit a letter prepared by a licensed engineer or septic system designer stating that the septic system size is adequate for the extra loading.

ALL HOME OCCUPATIONS MUST COMPLY WITH SECTION 5.12 (HOME OCCUPATION) OF THE ZONING ORDINANCE FOR GOFFSTOWN, NEW HAMPSHIRE.

Applicant Signature

Date

Property Owner Signature

Date

THE AFOREMENTIONED HOME OCCUPATION COMPLIES WITH THE ZONING ORDINANCE FOR GOFFSTOWN, NEW HAMPSHIRE.

Zoning Administrator

Date