

WASHINGTON TOWNSHIP BUILDING DEPARTMENT

43 Schooley's Mountain Road

Long Valley, NJ 07853

APPLICATION FOR HOME USE

This form **MUST** be used when requesting approval for a permitted "accessory use" home occupation.

Please fill out the form on the next pages and return it to the Washington Township Building Department.

The form must be returned in a two sided configuration with original signature and notarized. Two sided means that the form must have both pages on one piece of paper.

Application for Accessory Use Home Occupation
(where site plan approval is not required)

Applicant _____	Block _____	Lot _____
Address _____	Zoning District _____	
_____	Telephone # () _____	
Present use of building:	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Other _____

I, _____ of full age being sworn according to law, upon his oath deposes and says:

1. I am the owner (), tenant () residing on the above referred premises.

2. Owner's name and address if different from applicant:

Name: _____

Address: _____

3. I request a zoning permit to operate a permitted Home Occupation at premises described above. The following is an accurate description of said use. (Use additional sheet if needed)

4. Will there be any non-resident employees? Yes () No ()

5. How many square feet of habitable floor area exists in the home? _____

6. How many square feet will be devoted to the home occupation? _____

7. Any display of goods or outdoor storage? Yes () No ()
8. How many Client/Customer visits to the property are anticipated? (Daily, weekly, monthly)

9. Any retail sales or rentals from premises? Yes () No ()
10. Any noise, odors, radiation, glare, radio interference, etc.? Yes () No ()
11. Other than the U.S. Postal service, how many vehicle ,deliveries will there be
 per day _____ per week _____ per month _____

Sworn to and subscribed before me

this _____ day of _____ 200_

Applicant's Signature

Owner's Signature (if other than applicant)

(For Office Use Only)

Based upon the foregoing information this request for an **Accessory Use Home Occupation** is hereby:

Denied ()

Approved ()

If approved by the Zoning Officer, this shall constitute a Zoning Permit for the above described use after the appropriate fee is paid. (Please note that any change in the use of the subject premises other than as set forth above may constitute a violation of the Washington Township Zoning Ordinance, or may require further approvals).

Zoning Officer

Permit Fee: \$25.00

Record # _____

Date: _____

Check # _____