



TOWN OF CHESTERFIELD

P.O. Box 175, 504 Route 63

Chesterfield, NH 03443

(603) 363-4624

APPLICATION FOR HOME BUSINESS (Zoning Ordinance, Section 402.2)

Applicant Name/Address: _____

Owner Name/Address (If different): _____

Tax Map & Lot #: _____

Street Address: _____

Zoning District (Check one): Residential: _____ Rural Agricultural: _____ Village: _____

Spofford Lake District: _____

Business Name/Address (If different from above): _____

Business Telephone #: _____

Describe Business: _____

Total number of employees: _____

Total number of non-resident employees: _____

Estimated # of deliveries per week (i.e.: UPS, Federal Express, etc.): _____

Total number of visits by clients, customers or other non-employees per week: _____

Is the business activity conducted entirely within the residence or an accessory building (If not, explain)? Yes: _____ No: _____

Do you have any exterior displays (If so, explain)? Yes: _____ No: _____

Do you store materials or equipment outside of the home or accessory buildings (If so, explain)?

Yes: _____ No: _____

I have read and understand the regulations governing Home Business. As long as I operate this business I agree to comply with these town regulations. I understand that if I wish to expand my business to the extent that it no longer complies with the criteria for a Home Business that this permit will be void. In that event, I understand that I will be required to submit a Home Occupation Application to the Zoning Board of Adjustment to run a Professional Use and Customary Home Occupation, or Home Industry, whichever is applicable.

Signature of Applicant _____ Date _____

Signature of Town Official _____ Date _____