



**TOWN of STRATHAM**  
 10 Bunker Hill Avenue, Stratham NH 03885  
 Office (603) 772-7391 Fax (603) 775-0517  
 www.StrathamNH.gov

## HOME OCCUPATION PERMIT APPLICATION FORM

- Please submit one copy of the Home Occupation Permit Application Form and the following information:**
  - A brief narrative describing the nature of the home occupation and providing details of the business and its scope of operation.
  - A sketch and/or drawing of the floor plan of the residence, clearly showing the dimensions of the living area and the area to be or currently used for the business and a plot plan of the property showing provisions for off-street parking and proposed outside storage area (if applicable).
  - A copy of the deed must be submitted as part of the application to the Board when applying for the Special exception.
- Fees: \$35.00 Home Occupation Permit. \$35.00 for the Renewal of Home Occupation Permit (required every three years).**  
**Please make check payable to "Town of Stratham".**

### 1. GENERAL INFORMATION (Please print or Type)

NAME OF PROPOSED/EXISTING BUSINESS

APPLICANT NAME

Phone#:

Email Address:

Fax #:

APPLICANT ADDRESS

Street Address

Town/City

State

ZIP

PROPERTY OWNER NAME

(If different from Applicant)

Phone#:

Email Address:

Fax #:

PROPERTY OWNER ADDRESS

Street Address

Town/City

State

ZIP

Map:

Lot(s):

Total parcel area: \_\_\_\_\_ (s.f.)

(acres)

Zoning District(s):

#### OWNER'S INFORMATION IF APPLICANT IS RENTING

You must have a signed letter from the owner stating that you have their permission to conduct the proposed/existing business on their property. This letter must include the property owner's name, current address, and telephone number.

## 2. PROJECT/BUSINESS DESCRIPTION

Briefly describe your proposed/existing business:

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Total Square Footage of Residence: \_\_\_\_\_ (s.f.) Total Square Footage Used For Business: \_\_\_\_\_ (s.f.)

Is this area located in the house?  In the garage?  Other?

Please describe: \_\_\_\_\_

Number Of Total Employees And Relationship To Owner: \_\_\_\_\_

Describe the type(s)/number(s) of vehicles/equipment/materials used for the Business. Please be specific: \_\_\_\_\_

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Describe the nature and location of any storage of vehicles/equipment/materials: \_\_\_\_\_

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Does the business involve use and/or storage of flammable/chemical/hazardous materials? Yes  No

If Yes, please describe and discuss where/how they will be stored and in what quantity: \_\_\_\_\_

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How are products distributed and/or services provided to customers? \_\_\_\_\_

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How are products/materials delivered to residence? \_\_\_\_\_

Frequency: \_\_\_\_\_

Does the business involve personal transactions with customers/clients? Yes  No

If yes, where are the transactions proposed to occur? \_\_\_\_\_

Hours and Days of Operation of Business: \_\_\_\_\_

**3. APPLICANT'S CERTIFICATION:**

I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that my misrepresentations of submitted data may invalidate any approval of this application. If the home occupation is not operated in compliance with these regulations, the permit may be revoked by the Code Enforcement Office or the Zoning Board of Adjustment.

_____	_____	_____
<i>Signature of Applicant</i>	<i>Print Applicant's Name</i>	<i>Date</i>
_____	_____	_____
<i>Signature of Owner</i>	<i>Print Owner's Name</i>	<i>Date</i>

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PLEASE DO NOT WRITE BELOW THIS LINE - FOR BUILDING DEPARTMENT USE ONLY

**4. HOME OCCUPATION PERMIT COMMENTS AND REVIEW (For Town Use Only)**

ZONING BOARD OF ADJUSTMENT CASE NUMBER: \_\_\_\_\_

APPLICATION RECEIVED/FILED: \_\_\_\_\_

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

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

HOME OCCUPATION PERMIT NUMBER: \_\_\_\_\_

_____	_____
CODE ENFORMENT OFFICER SIGNATURE	DATE