



# TOWN OF STRATHAM

10 Bunker Hill Avenue, Stratham NH 03885  
 Building Department (603) 772-7391 x 180  
[www.strathamnh.gov](http://www.strathamnh.gov)

## HOME OCCUPATION PERMIT APPLICATION

**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, 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 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 to the Board as part of the application when applying for a Special exception.
- An accurate list of abutters along with mailing address labels.
- Fees: \$50.00 Home Occupation Permit. (\$50.00 for the Renewal of Home Occupation Permit which is required every three years).
- Please make check payable to “Town of Stratham”

1. APPLICANT & PROPERTY OWNER INFORMATION: (Please print or Type)			
APPLICANT NAME:			
Phone #:		Email Address:	
Mailing Address:			
PROPERTY OWNER NAME (If different from Applicant):			
Phone #:		Email Address:	
Mailing Address:			
2. BUSINESS INFORMATION:			
NAME OF PROPOSED BUSINESS:			
OWNER'S INFORMATION IF APPLICANT IS RENTING			
<p>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.</p>			

**5. DESCRIPTION OF PROJECT/BUSINESS: (Attach separate sheet if necessary)**

Briefly describe your proposed/existing business:

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Total square footage of residence: \_\_\_\_\_ sq. ft.

Total square footage used for business: \_\_\_\_\_ sq. ft.

Is this area located in the house?  YES  NO    In the garage?  YES  NO    OTHER  YES  NO

Please Describe: \_\_\_\_\_

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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?

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Frequency of deliveries?

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Does the business involve personal transactions with customers/clients?  YES  NO

If yes, where are the transactions proposed to occur?

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Hours and days of operation of business:

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**7. 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 application is not operated in compliance with these regulations, the permit may be revoked by the Code Enforcement Office or the Zoning Board of Adjustment.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Print Applicant's Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Print Property Owner's Name*

\_\_\_\_\_  
*Date*

PLEASE DO NOT WRITE BELOW THIS LINE – FOR BUILDING & CODE ENFORCEMENT OFFICE USE ONLY

**ADMINISTRATIVE DATA SUMMARY (Office Use Only)**

Zoning Board of Adjustment Case Number::	Application Received/Filed:	Fee(s) Paid: Application Fee: _____
Home Occupation Permit Number:	Notes	<input type="checkbox"/> Approved date _____ <input type="checkbox"/> Denied date _____ <input type="checkbox"/> Withdrawn date _____
Code Enforcement Officer Signature	Date:	