

TOWN OF CLAVERACK
HOME OCCUPATION PERMISSION
(Granted by Property Owner to Tenant)

Tax Map #: _____

Tenant Name: _____

Property Address: _____

Owner Mailing Address: _____

This will certify that the above named tenant/applicant has authorization to apply for and conduct the following Home Occupation at the above property address.

Specific details of the conduct of the Home Occupation are outlined in the attached checklist and/or the conditions of the Special Use Permit (if required).

Owner Signature

Owner Name, Printed

Date: _____