

TOWN OF CLAVERACK
HOME OCCUPATION CHECKLIST
Per Zoning Law Sections 2.2.95 & 15.3.11

Application #: _____

Name: _____ Tenant/Owner

Tax Map #: _____

Property Address:

Mailing Address:

1. Is the applicant an occupant of this residence? Yes No

2. What is the current use(s) of the structure/property?

Single Family Dwelling

Two Family Dwelling

Multi-family Dwelling

Other (describe) _____

3. Where will the Home Occupation be conducted?

Dwelling Unit

Accessory Structure

Both

4. The dwelling unit has _____ total square feet habitable space.

How much space will be associated with the Home Occupation?

_____ sq ft in dwelling unit _____ sq ft in accessory structure _____ sq ft outdoor storage

5. What will be sold at this location? Describe the business:

6. Will there be any employees other than the people who reside in the dwelling?

No

Yes

How many? _____

