

**ZONING BOARD OF ADJUSTMENT  
21 ACADEMY AVENUE  
ATKINSON, NEW HAMPSHIRE 03811  
Tel. (603)362-5761 – FAX (603) 352-5305**

**HOME BUSINESS APPLICATION AND/OR RENEWAL SURVEY**

**Introduction:**

*This survey is intended to serve as your application and/or renewal of your home business permit. You are required to answer all questions completely and accurately in order to provide the ZBA with the information necessary to consider your application and/or renewal. If a question does not apply, so indicate. Leave no spaces blank. If you feel more information is necessary in order to accurately answer any questions, you should attach whatever supplemental information is needed.*

*In order to guarantee that your application is reviewed at our next regular public meeting, you should file it at least fifteen (15) days prior to the meeting date.*

*If this is a renewal application, indicate the date of the original approval:\_\_\_\_\_*

**ZBA Application Fee must be paid prior to consideration of this application for the Zoning Board of Adjustment. See ZBA Application Fees 2017.**

*If you have any questions, please contact the Code Enforcement Office at 362-5761.*

**General**

Name of Applicant \_\_\_\_\_

Property Address \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

Owner of Record \_\_\_\_\_

Name of your business \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Name of any other business operated from this location: \_\_\_\_\_

Description of proposed use-showing justification for a Special Exception as specified in the Zoning Ordinance, Article IV, Section 450. Accessory Uses: Home Occupations. Describe the nature of business, its operation and activities:

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**Changes (renewal only)**

Describe all changes to the property or business made within the last two years. Include building, grounds, parking, signage, addition of vehicles, growth of the business, etc.:

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**Physical information**

1. What percentage (%) of your buildings, including storage space, are used for your business \_\_\_\_\_.

NOTE: if greater than 20%, attach a dimensioned sketch of entire floor plan. Indicate the areas used for business.

2. Indicate the dimensions of your sign (attach a diagram if needed): \_\_\_\_\_

3. List all chemicals, materials, and equipment used or stored in the operation of this business: \_\_\_\_\_

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4. Indicate any physical evidence visible, audible or otherwise noticeable to any abutter resulting from equipment or material used, or activities performed, in the operation of this business: \_\_\_\_\_

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**Employee information**

List every person (other than customers) involved in the business on the premises. Include yourself, any family members, subcontractors, etc. Attach another sheet if necessary:

Worker	Position	Relationship (if any)	Hours per wk
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

**Vehicular information**

1. List all vehicles registered to you or to anyone else at this address:

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2. List and describe all vehicles, trucks and other conveyances parked on the property at any given time: \_\_\_\_\_

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3. Give a description of the nature and volume of vehicular traffic related to your home business during a typical day. Indicate the size of delivery vehicles and the number of trips per day. Be sure to include visitors, delivery trucks, customer vehicles, etc.: \_\_\_\_\_

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4. Approximate number of daily automobile visits to and from the property \_\_\_\_\_

5. Describe the worst case traffic you would expect: \_\_\_\_\_

6. Describe your off street parking: \_\_\_\_\_

**Signature & Date**

I hereby apply for a home business and/or renewal permit as described and regulated by the Atkinson Zoning Ordinance. I also certify that the information contained in the above application is true and correct to the best of my knowledge, and represents an accurate and complete description of my home business.

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Applicant signature

Date

-----Do not write below this line. For Town use only-----

Date of Zoning Board of Adjustment meeting \_\_\_\_\_

Result of Board's review: \_\_\_\_\_

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Chairman, Board of Adjustment      Date