



*OLD VALUES - NEW HORIZONS*  
COMMUNITY DEVELOPMENT  
PO Box 120, Windham, New Hampshire 03087  
(603) 432-3806 / Fax (603) 432-7362  
www.WindhamNewHampshire.com

**Customary Home Occupation Application**  
**Conditional Use Permit**

**Applicant (if other than owner)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Applicant Mailing Address** \_\_\_\_\_

**Applicant Fax** \_\_\_\_\_ **Applicant Email** \_\_\_\_\_

**Property Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Property Owner Mailing Address** \_\_\_\_\_

**Property Owner Fax** \_\_\_\_\_ **Property Owner Email** \_\_\_\_\_

**Tax Map Number: (Map – Block – Lot)** \_\_\_ - \_\_\_ - \_\_\_ **Zoning District** \_\_\_\_\_

**Type of Customary Home Occupation** \_\_\_\_\_

**Answer (circle Y/N):**

1. Will you be hiring any employees? **Y/N** If "Yes" How many FT/PT? \_\_\_\_\_
2. Will you be completing any exterior renovations or construction? **Y/N**
3. Will you be publicly displaying goods or wares or the exterior storage of material? **Y/N**
4. Will the proposed Customary Home Occupation be clearly incidental and secondary to the residential use? **Y/N**
5. Will the Customary Home Occupation change the character of the neighborhood? **Y/N**
6. Will the Home Occupation Occupy more than 25% of the normal living area of the dwelling? **Y/N**
7. Will the Customary Home Occupation adversely affect neighboring properties, by reason of any unusual signage, lighting, noise, odors, or traffic? **Y/N**
8. Will any additional parking in excess of those necessary for residential purposes be needed? **Y/N**
9. Will any equipment or process be used which creates visual or audible electrical interference in any radio or television receiver off the premises or cause fluctuations in line voltage off the premises? **Y/N**

**\*If the answer is "YES" to any of the items 1-9 provide additional info on a separate page.**

**Provide the following (check):**

- Abutter List and 2 Sets of mailing Labels
- Is there an adequate water supply to meet the needs of the Home Occupation? \*\* Y/N
- Is there an adequate sewage disposal system to meet the needs of the Home Occupation? \*\* Y/N
- A site plan detailing the location of driveway entrances

**\*\*If "Yes" provide copy of well and septic plans. If "No" explain how this will be addressed.**

**Completed Applications will be scheduled for a public hearing and review by the Planning Board. Planning Board Approval is required before a Conditional Use Permit will be issued.**

**By signing, I am affirming that I understand that I am applying for a Customary Home Occupation Conditional Use Permit. All application information is accurate to the best of my knowledge.**

\_\_\_\_\_  
***Applicant Signature***                      ***Date***                      \_\_\_\_\_  
***Property Owner Signature***                      ***Date***

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**Staff Use Only**

Received by \_\_\_\_\_ Date \_\_\_\_\_  
**Permit Fee \$100+\$6 per abutter Check No.** \_\_\_\_\_

Planning Board Case Number \_\_\_\_\_ Date of Planning Board Public Hearing \_\_\_\_\_