



City of Northampton
HOME BUSINESS APPLICATION
(To be used when seeing clients etc)

Applicant Name: _____

Applicant Address: _____

Applicant Email: _____ PHONE: _____

ADDRESS of Home Business: _____

ASSESSOR ID of Business- Map: _____ Lot: _____

DESCRIBE WHERE AND WHAT PORTION OF RESIDENCE Business will Occupy:

EXPLAIN WORK. Detail nature of Home Business including type of business: _____

HOURS Your Business will operate: _____

DAYS PER WEEK: _____

HOW MANY CLIENTS Seen per week: _____

ANY EMPLOYEES who are not a resident of the home? _____

How many on-site parking spaces are available in addition to personal vehicle spaces: _____

Will the owner of the home business occupy the main residential building as his/her bona fide residence? _____

Please attach diagram of the parcel with driveway access and parking areas shown. Also Attach Google Earth or other aerial photo image of street with parcel identified.



Application Approved

Application Requires Permit from the Zoning Board of Appeals

Signed: _____ Date: _____

City of Northampton Building Commissioner