



The Commonwealth of Massachusetts

Town of Sterling

Office of the Building Department

1 Park St.

Sterling, Massachusetts 01564

Tel: (978) 422-8112 Fax: (978) 422-0289

HOME OCCUPATION APPLICATION

Name of Individual (s) _____

Name of Business: _____

Home Telephone # _____ Business # _____ Cell # _____

Address: _____ Date: _____

1. What percentage (%) of floor area of the residence will be used for the occupation? _____

2. How many persons are to be employed? _____

3. How many persons are to be employed on the premise? _____

4. Will there be any exterior display or storage or other variation at the premise? _____

5. What type and amount of traffic do you expect to generate? _____

6. What type of parking accommodations will there be for employees? _____

7. What type of parking accommodations will there be that will service the business? _____

DESCRIPTION OF THE TYPE AND NATURE OF THE BUSINESS

Applicants Signature: _____ Date: _____

Notary public: _____ My Commission Expires: _____

This document must be filled out completely and notarized and returned to the inspector of buildings for the approval of disapproval. If disapproved, applicant can appeal to the zoning board of appeals for a variance. Any changes to this application must be made in writing for approval prior to their implementation.

Approved: _____

Disapproved: _____