



Town of Aberdeen

Planning Department
Phone: (910)944-7024
Fax: (910)944-7459

For office use only:

Application No. _____

Date Received: _____

Amount Received: _____

Home Occupation Zoning Compliance Permit

Home occupations, such as, but not limited to, dressmaking, catering, baking, hairdressing, laundering, cooking, designing, accounting and the practice of law, medicine and dentistry shall be permitted conditionally as accessory uses in a residence or accessory building thereof, provided that such occupations shall be engaged in only by residents of the premises, that a space not larger than 25% of the total ground floor area of the residence shall be used for such occupation, that no display or products shall be visible from the streets.

APPLICANT INFORMATION:

Applicant: _____

Phone No. _____ Cell No. _____ Email: _____

Applicant's Address _____

Zoning District: _____

HOME OCCUPATION INFORMATION:

(Describe the type of business you propose to have in your home. Information should include, if relevant: # of clients per day, that no clients will come to home, type of product produced, how the product will be distributed (US Mail, UPS, etc.) and area of home to be used for the home occupation.)

NOTE: DEADLINE FOR SUBMITTAL IS ONE MONTH PRIOR TO THE APPLICABLE MEETING DATE OF THE PLANNING BOARD.

Acceptance of this application does not imply approval of this request.

Applicant's Signature

Date

Property Owner's Signature

Date