



Home Occupation Questionnaire
TOWN OF ASHLAND, MASSACHUSETTS, 101 Main Street, 01721-1191
Community Development Department: Phone: 508-881-0100 ext. 7970; Fax: 508-881-0182

Individual(s) name: _____

Business name: _____

Street address (no PO Boxes): _____

Telephone number: _____

Please answer ALL questions, have this document notarized, and return to the Community Development Dept.

1. Please give a general description of the type and nature of the business:

2. Please give a description of the actual work to be done on the premises:

3. What percentage (%) of the floor area of the residence will be used for the occupation (no greater than 25% allowed):

4. How many persons not living on the premises are to be employed? (Limit: No more than one person that is not a member of the household allowed) _____

5. There shall be no exterior display or storage, or other variation from the residential character of the premises.

6. Traffic generated shall not exceed that which is normally generated in a residential neighborhood.

7. All parking required to service the occupation shall be provided off-street, other than within a required front yard.

Signature of Applicant

Notary Public

Commission Expiration

APPROVED _____
Zoning Enforcement Officer

DISAPPROVED _____
Zoning Enforcement Officer

*Applications that are NOT approved may be appealed to the Zoning Board of Appeals. Any Proposed changes in the above information shall be submitted to the Zoning Enforcement Officer in writing for approval, prior to their implementation.

*A business or profession engaged within a dwelling by a resident thereof as a use accessory thereto.

*This is NOT a Business Certificate. After approval of this questionnaire, a Business Certificate MUST be obtained at the Town Clerk's Office.