

*BOROUGH OF HOPATCONG*

Municipal Building  
111 River Styx Road  
Hopatcong, New Jersey 07843

**HOME OCCUPATION QUESTIONNAIRE**

The purpose of this questionnaire is to help determine if you require Home Occupation approval to conduct your business in a residential zone as per section 242-31 of the Zoning Code of the Borough of Hopatcong.

Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Property owner: \_\_\_\_\_

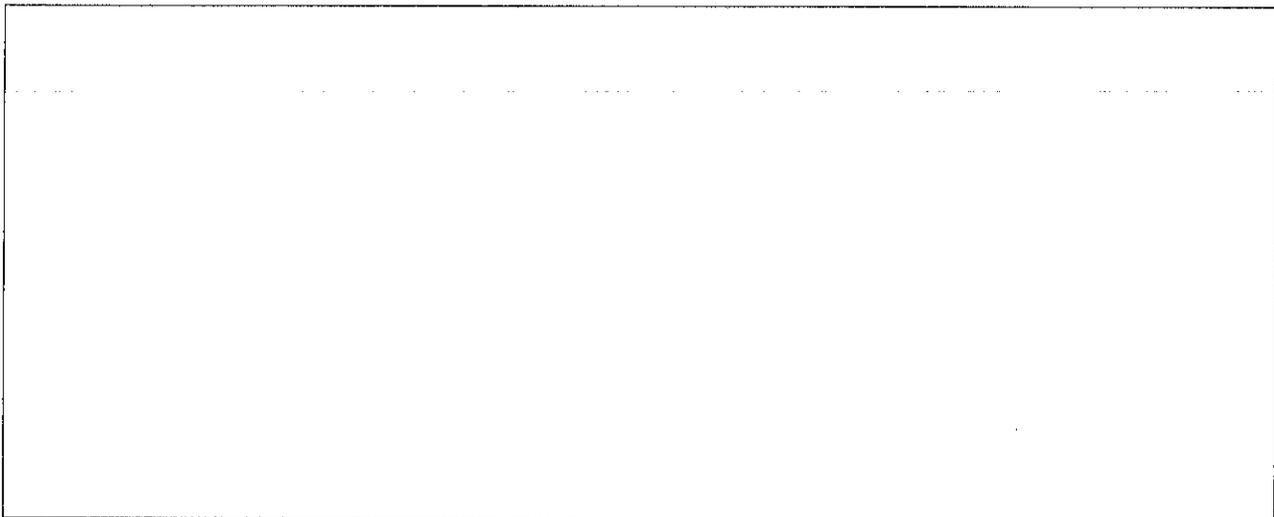
If you are not the owner of the property, a signature granting approval to file this request is required at the end of this questionnaire.

Name of Home Occupation:: \_\_\_\_\_

Describe the type of home occupation activities to be conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Draw a rough sketch of the floor area of the home. Indicate the area where the home occupation will be conducted including approximate dimensions of the floor areas.



Attach a copy of survey showing location of parking and (sign) if applicable.

PLEASE ANSWER THE FOLLOWING QUESTIONS EITHER YES OR NO WITH FURTHER CLARIFICATION IF REQUIRED IN THE SPACE PROVIDED.

1. Do client's or customers come to the property? \_\_\_\_\_  
If yes, how many, how often & for what purpose? \_\_\_\_\_  
\_\_\_\_\_
2. Is the residence used as the mailing address for the activity? \_\_\_\_\_
3. Are other people involved in conducting this activity? \_\_\_\_\_  
If yes, how many and how are they related to this applicant? \_\_\_\_\_  
\_\_\_\_\_
4. Do all the people involved in conducting this activity live at the residence? \_\_\_\_\_  
If no, what employees live off premises? \_\_\_\_\_  
\_\_\_\_\_
5. Are any supplies, materials or equipment used in the activity stored either inside or outside the residence? \_\_\_\_\_  
If yes, what are they and where are they stored? \_\_\_\_\_  
\_\_\_\_\_
6. Are any materials or items related to the activity disposed of either outside the residence or through the local garbage collection? \_\_\_\_\_  
If yes, what & where? \_\_\_\_\_
7. Are any noises or odors related to this activity detectable outside the residence? \_\_\_\_\_  
If yes, what are they & where? \_\_\_\_\_  
\_\_\_\_\_
8. Are any items related to this activity manufactured, processed, repaired or serviced inside or outside of this residence? \_\_\_\_\_  
If yes, what are they and where? \_\_\_\_\_
9. Are there any signs related to this activity visible from outside the residence? \_\_\_\_\_  
If yes, what are they and where? \_\_\_\_\_  
\_\_\_\_\_
10. Are materials or items related to the activity delivered to the residence? \_\_\_\_\_

If yes, what, how & how often? \_\_\_\_\_

11. Are any vehicles used in this activity parked at the residence? \_\_\_\_\_

If yes, what, how and how often? \_\_\_\_\_

12. Is this the only home occupation activity at this residence? \_\_\_\_\_

If no, explain \_\_\_\_\_

13. Are any licenses or certificates required to operate this home occupation? \_\_\_\_\_

If yes, what, from whom, please attach copy if applicable? \_\_\_\_\_

### CERTIFICATION

I hereby certify that the above information is correct. I realize that if any of my answers to any of the above question are knowingly false, I am subject to penalties. If the home occupation is approved, I will not enlarge the activity as herein described nor change its nature from what I have described. I will comply with the conditions contained in Section 242-31.

FEE: \$20.00

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

I accept responsibility for any payment for services provided by the attorney and engineer for the Land Use Board in reviewing an application or preparing documentation with regard to an application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I hereby grant permission for the filing of this questionnaire and the conduct of this activity herein described by the applicant at Block \_\_\_\_\_ Lot \_\_\_\_\_ owned by myself.

\_\_\_\_\_  
Signature of property owner

Sworn to me before this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public