

*BOROUGH OF HOPATCONG*

Municipal Building  
111 River Styx Road  
Hopatcong, New Jersey 07843

**HOME PROFESSIONAL OFFICE APPLICATION**

As per section 242-32 of the Zoning Code of the Borough of Hopatcong.

Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Property owner: \_\_\_\_\_

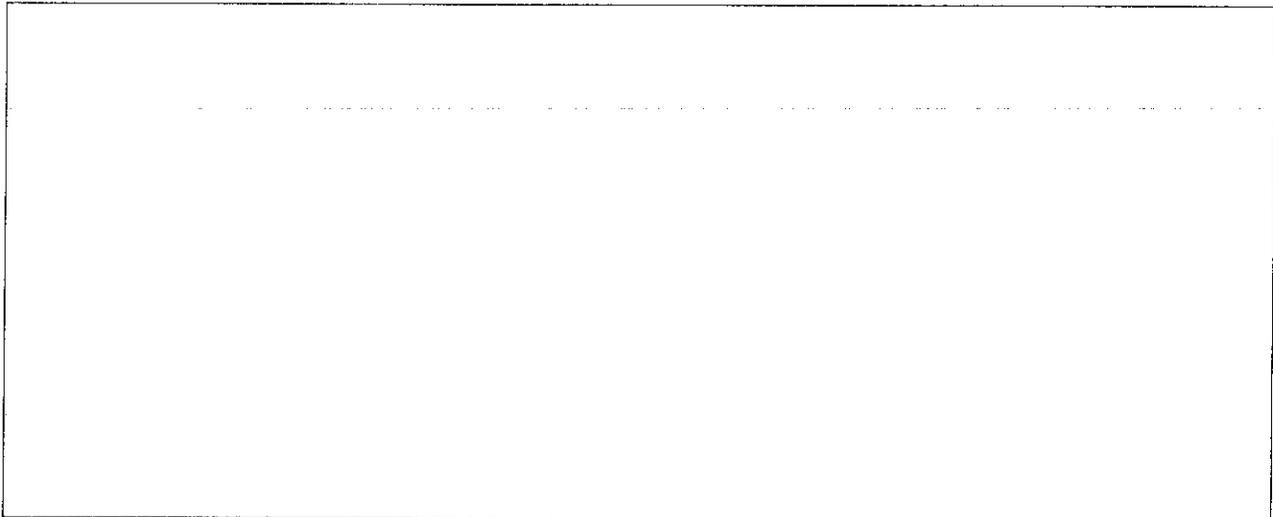
If you are not the owner of the property, a signature granting approval to file this request is required at the end of this questionnaire.

Name of Home Professional Office: \_\_\_\_\_

Describe the type of home professional activities to be conducted:

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

Draw a rough sketch of the floor area of the home. Indicate the area where the home professional office 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? \_\_\_\_\_

