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?________________
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 professional office activity at this residence? 
   If no, explain 

13. Are any licenses or certificates required to operate this home professional office? 
   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 professional office 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 242-32C.

FEE: $50.00  Paid:  Date: 
Escrow Fee: $150.00  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