

Community Development Offices
Construction Code Enforcement
Fire Prevention
Engineering
Planning
Zoning

Municipal Building
2261 Van Horne Road
(Route 206)
Belle Mead, New Jersey 08502
(908) 359-8211
\(908) 359 \cdot \lambda \lamb

Home Occupation Application

Name of Property Owner: _	Water Control of the		
Block:	Lot:		
street		city	zip
Phone Number:	Fax Nu	mber:	
Name of Company:			
Owner of Company:			
Address of Company (if diff	erent):		
street	city	;	zip
Number of employees on p		Number of days per u	veek.
Business Hours: an	1 to pm	Number of days per w	veek:
Is business full time or part	time? (circle one)		
Number of customers that	come to the property:	daily wee	ıkly
What is the maximum numl	per of customers on prem	nises at one time? _	
How many off-street parking	g spaces are available?		
Duration of business at loca	ation: new / yrs.		
Are there any other busines	sses operated from this a	ddress? Yes / No (ci	rcie one)
If yes, please name and de	scribe:		

	cated solely to the business? sq. ft.
Will any area in an accessory structure	be used? Yes / No (circle one)
Will goods be delivered to the house?	Yes / No (circle one) If yes:
What type of vehicle will deliver these go	ods?
How many deliveries per day?	· · · · · · · · · · · · · · · · · · ·
Will the business use any commercial	· · · · · · · · · · · · · · · · · · ·
Please provide the following information	7:
1. Copy of house floor plan showing o	ffice area.
2. Picture of property from property lin	es.
3. Sketch of any proposed signage.	
I certified that all of the above informat	ion is correct. I understand that my permit will
cover only the business as described a withdrawal of my permit.	above, and non-conformance may result in the
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Signature	Date
	Date fice Use Only
For Oi	fice Use Only
	fice Use Only
For Oi	fice Use Only
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For Oi	fice Use Only

Notes: