

**SPARTA TOWNSHIP  
HOME OCCUPATION PERMIT**

**PLANNING AND ZONING DEPARTMENT  
65 MAIN STREET, SPARTA TOWNSHIP  
973-729-8093**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Block and Lot:** \_\_\_\_\_

**Proposed Home Occupation:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Proposed signs (house):** \_\_\_\_\_

**Information regarding assembly/repairs:** \_\_\_\_\_

**Proposed Security (if required):** \_\_\_\_\_

**Inventory (where and how it will be kept):** \_\_\_\_\_

**Provide evidence showing that your proposal meets the definition of “Home Occupation” as contained in the Sparta Township Zoning Ordinance 18 (“Shall mean any activity carried out for gain by a resident such as a physician, surgeon, dentist, lawyer, bookkeeper, accountant, auditor, business and computer consultant, architect, engineer, seamstress, artist, tutor, broker or member of a design profession, incidental to and carried out by the person residing on the premises.”):**

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

**Permit Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Approval/Denial Conditions:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date of Approval/Denial**

\_\_\_\_\_  
**Approved/Denied by**