

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