## **Town of Starkey**

40 Seneca Street

Dundee, New York 14837 Email: StarkeyCEO@gmail.com

Office: 607-243-7996 Fax: 607-243-7764

Application No.:		
Date Filed:		
Fee Paid:		
Received By:		
Decision	Date	

## **Home Occupation Application**

In	struct	·	ems $1-5$ . If an Item is not oplication and attachment	• •	_
1. /	Appl	icant			
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Е	-Mail	Address			
			olicant is not the Property (		
	_	<del>-</del>			
			State		
			Night		
			Occupation be co	onducted? (se	lect one)
			nces O Access		
4. I	nfoı	mation regardin	g Home Occupation	on	
Δ	Attach	a drawing or sketch of t	he property that shows all	the following:	
		nformation		0	
-	-	The size of the propert	у.		
	b.	The location of all exist	ing structures, property lir	nes and easements.	
	c.	Parking area(s)			
Hom	e Occ	upation Information			
			of existing room lay out t		_
			e		
		Total number of rooms			
			osed for Home Occupation		
	e.	Zoning District			

## 5. Affirmation by Applicant/Property Owner

I declare that I have read and understand the Town of Starkey Zoning regulations concerning Home Occupations, and hereby certify that this application meets these requirements. I further agree to meet with the Town of Starkey Planning Board if in the future the <u>nature</u> **or** <u>size</u> of the Home Occupation changes. (Special Use Permit Application maybe required.)

Applicant Signature	Date
Property Owner Signature	Date
(Required if the Applicant is not the Property Owner)	