



**Town of Canton**  
**Building Department**  
**Home Occupation / Business Form**

*Applicant Information*

Applicant Name _____	Date _____
Address _____	Telephone No. _____
Address of occupation / business (if different) _____	
Are you the owner or tenant? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
<i>If tenant, please provide letter of acknowledgment from owner</i>	

*Occupation / Business Information*

Type of occupation / business _____	
D.B.A. _____	
Please provide a brief description of what is involved in the operation of the occupation / business. _____ _____	
Will this occupation / business be secondary to the main use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees (including yourself) ? _____	
Will there be storage of materials, equipment or product on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify type, storage location and quantity. _____ _____	
Will there be deliveries made to the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify type of deliveries and frequency. _____ _____	
Will there be customers / clients visiting the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify number of customer / clients and frequency. _____	
Will there be any signage advertising occupation / business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will this sign be affixed to the house or be supported by a post / pole? <input type="checkbox"/> Affixed <input type="checkbox"/> Supported	
<i>Please specify size of sign and the wording to be used.</i>	
_____	_____
	Signature of Applicant

*Office Use Only*

<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	Date _____
Reason for denial _____ _____		_____
		Signature of Building Official