



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