



Town of Lamoine Home Occupation Permit Application

_____ Date

Briefly describe the home occupation activity for which you are requesting a permit (use separate sheet if necessary)

Property Owner Name: _____ Telephone _____
Mailing Address: _____ Cell Phone _____
_____ E-Mail _____
_____ Fax _____

Applicant Name: _____ Telephone _____
Mailing Address: _____ Cell Phone _____
_____ E-Mail _____
_____ Fax _____

Street Address of Property Seeking Home Occupation Permit _____

(Continued on other side)

Map _____ Lot _____ Zone Residential
 Rural & Agricultural
Speed Limit _____ Development
 Shoreland Limited Residential
Site Distance Left _____ Shoreland Limited Commercial
 Shoreland Commercial/Maritime Activities
Site Distance Right _____ Shoreland Resource Protection
 Shoreland Stream Protection

SSWD (Septic) Permit # _____ SSWD Size _____ bedrooms

Water Source (check one)

Well (Private) Well (Shared) Cold Spring Water Co

- ▶ # of Employees other than immediate family members _____ # of Family Members residing in the home _____
- ▶ Expected vehicle trips per day to physical address _____
- ▶ Number of parking spaces at this address _____
- ▶ Is any building activity required for this occupation? Yes No _____ Permit #
- ▶ Will you place a sign at this location? Yes No (If yes, dimensions _____)
- ▶ Will you be doing business in a name other than your own? Yes No (If yes, please obtain a permit from the Lamoine Town Clerk and attach a copy to this application.)
- ▶ Describe on a separate sheet the objective of your business, materials to be used, process to be employed, targeted market (customer base), waste to be disposed, electricity requirements, noise, odor and lighting.
- ▶ List any licenses or permits from other agencies required to operate your business.

I certify the above information is correct to the best of my knowledge:

Signature

Date

For Code Enforcement Officer Use Only:

_____ Date Received _____ Date Considered

Approved Approved with conditions Denied

Conditions/Reasons for Denial

_____, Code Enforcement Officer Date _____
Signature