

**TOWN OF WAKEFIELD
PLANNING BOARD**

Land Use Office

2 High Street, Sanbornville, NH 03872

Phone: (603)522-6205 Ext. 312

Fax (603)522-2295



**SITE PLAN REVIEW APPLICATION
HOME ENTERPRISES
Level One – Home Business**

HOME BUSINESS: A business, profession, or trade that is conducted by a resident of the premises, entirely within the residence or an accessory building, and does not involve more than occasional business vehicular traffic to the property. Examples include but are not limited to: artists, desktop publishers, software developers, and people who work at home and conduct business by mail or electronic communication.

Tax Map: _____ Lot(s): _____ Zoning District: _____ Overlay _____

Property Address: _____

Name of Applicant/Agent: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Name of Property Owner: _____

Address: _____

Telephone: _____ E-mail: _____ Fax: _____

BUSINESS INFORMATION:

Name of Business: _____

Type of Business: _____

Hours of Operation: _____ Number of Employees: _____

Off street parking available: Yes / No Parking Capacity: _____ Size of Parking Area: _____ sq. feet

Sign: Yes / No If yes, explain size and type: _____

Deliveries: Yes / No If yes, explain type and frequency: _____

Solid Waste Disposal: Yes / No If yes, explain: _____

Noise Generated: Yes / No If yes, explain: _____

Other information: _____

The proposed business will be operated within the above parameters.

Certification and Agreement: To the best of my knowledge, all information submitted on this Application is true and correct. All proposed development will be in conformance with the information contained on the Application, as well as the provisions of Town Ordinances and Regulations.

The owner/agent by filing an application, hereby gives permission for the Code Enforcement Officer or other Planning Board designee to enter the property which is the subject of the application with twenty-four (24) hours' notice for the purpose of inspection as may be appropriate.

Applicant/Agent Signature: _____ **Date:** _____

Applicant/Agent Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

SIGNATURE PAGE MUST BE ORIGINALLY SIGNED, OR APPLICATION WILL NOT BE PROCESSED.

FOR OFFICE USE ONLY – \$30.00 fee

Date Submitted: _____ **Date Reviewed:** _____

Name/Title of Reviewer: _____

Notes:

Signature of Planning Board Designee

Date