

**TOWN OF WAKEFIELD  
PLANNING BOARD**

2 High Street, Sanbornville, NH 03872

Phone: (603)522-6205 Ext. 308

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.**

<b>FOR OFFICE USE ONLY – \$30.00 fee</b>	
<b>Date Submitted:</b> _____	<b>Date Reviewed:</b> _____
<b>Name/Title of Reviewer:</b> _____	
<b>Notes:</b>          	
_____ <b>Signature of Planning Board Designee</b>	_____ <b>Date</b>