Town of Otisfield Residence Based Business Application

If you currently are operating or planning to start a home based business of any kind or nature in the town of Otisfield please complete this application.

Map	Lot #	Date
Name of App	licant	
Name of Prop	erty Owner if Diffe	erent from Applicant
Proposed Nan	ne of Business	
Mailing Addr	ess	
Home Phone		Business Phone
Type of Busin		(Wholesale) (Service) (E-Commerce) (Other)
1. Please desc	ribe your business	
	ess incidental and No	secondary to the primary residential use of the premises?
		sidential household who owns the business?
1 es	No	
-	on actively involve No	
_	erson have control No	over the business activities?
6. How many	employees?	Full Time? Part Time?
7. How many 06.21.05	of the above emplo	Non- family members?

8. How many business vehicles with three or more axles will be operated from the premises?
9. Will off street parking be provided for the employees and customers? Yes No
10. Do you have a subsurface sewage disposal system installed on the premises? Yes No
11. How much solid waste do you plan to generate per week? 2 cubic yards or less? 3 cubic yards or more?
12. Where do you plan to dispose of any wastes generated by the business?
13. How do you plan to store the waste until it is disposed of?
14. How much hazardous waste will be generated per week? (estimate)
15. How much liquid waste (other than domestic sewage) will be generated per week? gallons (estimate)
16. Do you plan to dispose or recycle items in accordance with State Law? Yes No (please explain)
17. How many signs do you plan to have?
18. How large will the sign be? (limited to 8 square feet)
19. Will the sign be lit? (must be external) Yes No
20. Hours of Business Operation?
Applicant Signature Date

This Home Based Business Application request is based upon the town of Otisfield Site Plan Review Ordinance. Effective date of March 6, 1993