



**Township of Little Egg Harbor**  
 665 Radio Road  
 Little Egg Harbor, New Jersey 08087  
 Telephone: 609-294-9071 / Facsimile: 609-294-9065

HOME OCCUPATION APPLICATION  
 Application fee 75.00 (check or money order)

INITIAL APPLICATION \_\_\_\_\_ RENEWAL \_\_\_\_\_ CHANGE IN OWNERSHIP \_\_\_\_\_

1. Applicant/Owner Name: \_\_\_\_\_

2. Business/Trade Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Is the Applicant trading as an Individual, Partnership, or Corporation? (circle one )

**If Partnership** – attach a list of all partners, general or limited; include name and permanent home address\* signed by each partner.

**If Corporation** – attach a list of names and permanent home address\* of each person owning 10% or more, as well as a copy of the certificate of the incorporation.

4. Has the applicant/owner ever been convicted of any crime or the violation of any municipal ordinance other than traffic offenses? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, attach date, place of conviction, nature of the offense and the punishment/penalty imposed.

5. Attach Certificate of Liability Insurance providing public liability insurance in an amount not less than \$500,000.00 combined single limit. Little Egg Harbor Township must be listed as the certificate holder.

6. Do you own: \_\_\_\_\_ / Rent: \_\_\_\_\_ the property?

7. Are property taxes or assessments due on the property wherein or upon the business for which this license is conducted? \_\_\_\_\_ No \_\_\_\_\_ Yes

8. Description of Business: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_

How many family members will be involved? \_\_\_\_\_

Will this occupation alter the character of the residential area? \_\_\_\_\_

Will this accessory use occupy more than 10% of the total building area, and will there be the required minimum living area remaining, required by the land use ordinance? \_\_\_\_\_

Will there be any truck deliveries or pickups? \_\_\_\_\_ If so how many visits per week? \_\_\_\_\_ (10 visits maximum)

Will this accessory use cause any traffic problems, noise, vibrations, odor, electrical interference or other causes?  
 \_\_\_\_\_

9. What is the building square footage? \_\_\_\_\_

10. What part of the residence will be used for the requested use? Please state the location:  
 \_\_\_\_\_

11. Will this accessory use be considered professional? \_\_\_\_\_ If so state the type of profession \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant/Owner Date

NOTE: Premises are subject to inspection by the Zoning Officer before being granted.

\_\_\_\_\_  
 John Cooley  
 Director of the Department of Community Development  
 Zoning Officer  
 Flood Plain Administrator  
 Assistant Zoning Officer

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Denied