

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Account Number: \_\_\_\_\_

Fee: \$50

TOWN OF SWEDEN  
BUILDING DEPARTMENT  
APPLICATION FOR HOME OCCUPATION APPROVAL

A. Home occupations shall comply with the provisions of Sweden Town Code found in §175-7, §175-24, and §175-30. Prior to operation of a home occupation, an approval shall be obtained from the Building Department. Approval is valid for one year from date of approval and is automatically renewed annually unless violations have been filed with the Code Enforcement Officer. Home Occupations that are not automatically renewed shall require the Building Department's review for continuation of said home occupation.

B. A bed-and-breakfast shall be considered a home occupation. Bed-and-breakfasts shall comply with Subsection A with the exception that a bed-and-breakfast shall be required to be inspected and a new operating permit issued annually.

1. Name and address of resident/owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Telephone #: \_\_\_\_\_

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

3. Type of home occupation: \_\_\_\_\_

4. Name of home occupation, if applicable:

\_\_\_\_\_

5. Description of work to be performed on the premises including hours of operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Description of premises/home occupation:

a. Current zoning \_\_\_\_\_

b. Size of property \_\_\_\_\_

c. Percentage of the structure the home occupation utilizes should be no more than twenty five percent (25%) \_\_\_\_\_

d. Available Parking \_\_\_\_\_

e. Proposed site modifications, if any, describe \_\_\_\_\_

\_\_\_\_\_

7. Vehicles, equipment, and other items used in the business that will be stored on the premises: (There shall be no outdoor storage of any equipment, materials, or supplies associated with the operation of the home occupation).  


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8. Accompanying certificates and permits demonstrating approval by other agencies are hereby made a part of this application. Yes  N/A
9. Accompanying plot plan showing the structure(s) on the premises where the work is to be performed, is hereby made a part of this application. Yes
10. Accompanying building floor plan(s) showing the area within structures on the premises where the work is to be performed, is hereby made a part of this application. Yes
11. Proposed signage for the home occupation. Yes  No
12. The Fire Marshal and/or Code Enforcement Officer shall complete a Fire, Life, and Safety inspection of said home occupation prior to beginning operations to determine compliance with NYS Building Code requirements and Town Code requirements and conditions of this approval. Yes
13. Resident/owner agrees that use, construction, location, or re- location shall not be changed or expanded without further approval of the Building Department. Yes

CERTIFICATION - Owner

I, \_\_\_\_\_, acknowledge the above information, and do hereby certify that the statements contained in this application are true and correct, according to my best knowledge and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 APPROVED/DENIED

Signature: \_\_\_\_\_  
 Deputy Town Clerk/Building Inspector