TOWNSHIP OF BRIDGEWATER
Home Office or Home Occupation
Permit Application

Business Name: _____ Permit # _____

Business Phone: _____

Residence Phone: _____

Applicant: _____

Person Representing Business: _____

Physical Address: _____
Town State Zip

Mailing Address: _____
Town State Zip

Owner of Property if different: _____

Block _____ Lot _____

Email Address: _____

Federal ID# _____

NJ Sales Tax # _____

Nature of Business (include specific details: hours of operation, business specifics, etc.)
_____
_____
_____

Total SQ. FT. of Residence: _____

Total SQ. FT. Devoted to Business: _____

Number of Employee's _____ Resident _____ Non Resident _____

Number of parking spaces on property (**include copy of property survey**) _____

List of Vehicles used for the Business:

Plate # Model Color

A. _____

B. _____

C. _____

D. _____

Home office or Home Occupation

I, _____ hereby certify that all the information provided above is accurate and factual. I further understand that this permit may be revoked if it is determined that such information does not accurately reflect the nature of the home office/home occupation which is the subject of this permit.

I further understand and will comply with the provisions in Part 14 Home Occupations, of which I have received a copy.

PRINT NAME _____

SIGNATURE _____

DATE _____

Pursuant to Chapter 126-373 of Bridgewater Township Land Use Code, a special permit is required for the commencement and conduct of all Home Office and Home Occupation and for all changes, expansion and extension of such uses.

A fee of $25.00 shall be submitted with this application. **Check or Money order** shall be made payable to **Bridgewater Township**. This application shall terminate December 31st of the permitted calendar year.

FOR ZONING OFFICE USE ONLY

DATE RECEIVED: _____ REVIEWED BY: _____

APPROVED: _____ PERMIT NO: _____

DENIED: _____ REASON(S): _____