

STAFFORD TOWNSHIP
COMMUNITY DEVELOPMENT DEPARTMENT/ZONING DEPARTMENT
260 E. BAY AVENUE
MANAHAWKIN, NEW JERSEY 08050
(609) 597-1000 x 8535
www.staffordnj.gov

APPLICATION for HOME OCCUPATION PERMIT
(per 211-35U)

To be submitted:

1. Complete Application. Please refer to the Township Code 211-35U for the criteria of the Home Occupation permit. If your permit is approved, it must be renewed on an annual basis.

2. Two (2) true copies* of a survey depicting the location and dimension of the existing principal structure, the setback distance from all (4 or more) corners of the existing principal structure (drawn perpendicular to the property line) and reflect the conditions on the property at the time the application is filed.

* A true copy of the survey is a photocopy of the original sealed survey that has been verified by Department staff. True copies may be made by Department staff for your convenience. If copies are made by you, please bring in the original sealed survey so we may verify that it is a true copy.

3. One (1) copy of a floor plan (this may be hand drawn) showing any alterations or renovations and the use of the space intended for the home occupation.

4. If a sign is proposed, the details including square footage, location on property and verbiage.

5. \$25.00 - Zoning Permit Fee payable to Stafford Township.

Block: _____ Lot: _____

Address: _____ Phone # _____

Owner(s): _____

Description of the home occupation: _____

1. Will your home occupation be conducted entirely in your home
or an accessory building? Yes___ No___

2. What percentage of the total floor area will be used in this occupation? _____%

3. Will your business be conducted by a member of your immediate family residing in the home? Yes___ No___
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4. Will there be an employee or family member involved in your occupation who does not reside in your home? Yes___ No___
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5. Will your occupation maintain the appearance of your home or property? Yes___ No___
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6. Will storage of equipment or materials be inside your home or accessory building? Yes___ No___
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7. Will you be installing a sign for the home occupation? Yes___ No___
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8. Will retail sales of goods or services offered or produced at home be conducted by appointment only? Yes___ No___
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9. Will the home occupation require less than ten (10) truck deliveries per week? Yes___ No___
Does not apply___
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10. If your occupation requires special disposal of a waste product, have you attached evidence of proper disposal? Yes___ No___
Does not apply___
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11. If your occupation is licensed or certified by another agency, have you attached copies? Yes___ No___
Does not apply___
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Signature of Applicant

Date