



TOWN of HOLLIS
CODE ENFORCEMENT OFFICE
Phone: 929-2251 Fax: 929-3686
www.hollismaine.org

Office Use Only

Date Pd: _____

Amount: _____

Check #: _____

Cash: _____ CC: _____

Permit # _____

HOME OCCUPATION PERMIT APPLICATION

Applicant Information

Applicant Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Property Owner Information

Property Owner Name: _____ Phone: _____

Property Address: _____

Email Address: _____

Zone _____ Map _____ Lot _____

Business Information

Business Name: _____

Describe the proposed use: _____

Required Attachments

- ☐ Copy of Deed
- ☐ Property owner permission, if applicable
- ☐ Sketch and dimensions of proposed signage
- ☐ Hours of operation
- ☐ Plans for parking
- ☐ Number of employees
- ☐ Sketch of proposed site alterations, if any
- ☐ Sketch of the plot plan of the lot, showing all buildings/structures, lot lines, driveway/access to lot
- ☐ Sketch of the floor plan within the building/structure where the home occupation will be located

I have reviewed, and understand, the following sections of the Hollis Zoning Ordinance:

Article 2: Definition of Home Occupation
Article 5: Land Use Requirements
Article 6.11 Home Occupations
Article 6.15.1 and 6.15.2 Off-Street Parking
Article 6.19.1 Permitted Signs
Attachment A Use Table

I, _____, agree to meet all Local, State, DOT, DEP and other regulatory requirements as applicable. I also understand that failure to conform to the above requirements and restrictions is a violation of the Ordinance and may be punishable by a fine.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Signature of Property Owner (if different): _____ Date: _____

Printed Name: _____

Action by Code Enforcement Officer:

Approved ☐ Date: _____

Denied ☐ Date: _____ Reason for Denial _____

Permits Required:

Comments:

☐ Building Permit

☐ State Permits

☐ DOT

☐ Shoreland Zoning

☐ Conditional Use Permit

☐ Other Permits/Reviews

CEO Signature

Date