



TOWN OF LEICESTER

3 Washburn Square

Leicester, MA 01524

Phone: (508)892-7003 Fax: (508)892-1163

Building & Zoning Enforcement

www.leicesterma.org

The undersigned hereby applies for a permit to operate a home occupation under Section 1.3.06 of the Leicester Zoning Bylaws.

PLEASE PRINT

Name: _____ Phone: _____

Location of Home Business: _____

Owner of Property: _____ Email address: _____

Name of Business: _____ Type of: Business _____

of Employees: _____ # of Commercial Vehicles: _____

of Commercial Vehicles Parked Outdoors: _____ Garaged: _____

Type of Material Used: _____

Storage of Materials (locations): _____

Where will Occupation be conducted? Home: _____

Accessory Building: _____

I agree to conform to the Home Occupation Bylaw of the Town of Leicester under penalty of forfeiture of this permit, if granted.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Approved: _____ Permit #: _____ Fee: _____

Denied: _____

Signature: _____ Date: _____

Zoning Enforcement Officer