



Town of Ulster Building Department
1 Town Hall Drive
Lake Katrine, NY 12449
(845) 340-3884 Fax 340-3886

HOME OCCUPATION

As provided by § 190-25.1.A.(1) Town Code

Date of request: _____ Tax Map No.: _____

Property Owner: _____ Phone No.: _____

Owner's Mailing Address: _____

An affidavit for third party authorization is completed and attached for tenant's use at this property.

Name of Tenant: _____ Phone No.: _____

Address of residence: _____

Name of Business: _____ Number of non-resident employees: _____

Type of business to be conducted: _____

Hours of operation: _____ Number of parking spaces: Home: _____ Business: _____

Square footage of residence: _____ sqft. Area to be used of business: _____ sqft.

Is a sign being posted? _____; Size of sign: _____ (3 square feet maximum size)

A request is hereby made to the Building Inspector of the Town of Ulster for Home Occupation Use.

Applicant's signature

The building inspector has reviewed the request and the following has been determined;

The activity has been determined compliant with 190-25.1.A.1 and occupant shall remain compliant with section 190-25.1.C of Town Standards.

A building permit is required to _____.

The application does not meet the requirement of 190-25.1.C. and the applicant may apply to the Town Board for a special permit as provided in § 190-41.

Building Inspector

Dated