



City of Saratoga Springs

FILE # _____

BUILDING DEPARTMENT
474 BROADWAY - SUITE 32
SARATOGA SPRINGS, NY 12866
PHONE 518-587-3550 X2511
BUILDING.OFFICE@SARATOGA-SPRINGS.ORG

HOME OCCUPATION APPLICATION

1. APPLICATION MUST BE FILLED OUT COMPLETELY. ALL SIGNATURES ARE REQUIRED. FEE \$45.00
2. A floor plan (including dimensions) showing all areas of the house including the place of Home Occupation use must accompany this application.

Location Information

JOB SITE ADDRESS _____ TAX MAP ID# _____

ZONING DISTRICT _____

ANY ZONING VARIANCES NEEDED? IF SO, WHEN WERE THEY GRANTED? _____

PROPERTY OWNER INFORMATION

CID# _____

OWNER'S NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

OWNER'S SIGNATURE _____ DATE _____

APPLICANT INFORMATION

CID# _____

APPLICANT _____ PHONE _____

ADDRESS _____ EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

DESCRIPTION OF USE: _____

**REQUIREMENTS FOR A HOME OCCUPATION,
CITY ZONING ORDINANCE CHAPTER 240, ARTICLE 6.4.3**

1. The activity shall be conducted entirely within the structure and shall occupy no more than 15% of the total floor area of the residential dwelling units.
2. Only occupants of the residence and no more than one non-occupant may conduct the activity at any one time.
3. The activity shall generate no more than 10 visits per day. Visits may not occur before 8:00 am or after 9:00 pm.
4. Any need for additional parking generated by the activity shall be met onsite.
5. One non-illuminated, wall sign, not exceeding 1 ½ sq/ft in area, is permitted in association with the activity.
6. No outdoor storage or display of products or equipment in association with the activity is permitted.

I HAVE READ THESE CODE REQUIREMENTS INSOFAR AS THEY MAY APPLY TO MY APPLICATION FOR A HOME OCCUPATION AND AM IN COMPLIANCE WITH THEM TO THE BEST OF MY KNOWLEDGE.

PROPERTY OWNER'S SIGNATURE

DATE SIGNED

FOR STAFF USE ONLY:

FILE # _____	DATE APPLIED _____	RECEIVED BY _____
APPLICATION # _____	PERMIT # _____	DATE ISSUED _____
PAID \$ _____		