

TOWN OF WISCASSET
REQUEST FOR HOME OCCUPATION INFORMATION

Applicant's Name & Address: _____

Applicant's Phone Number: _____

Property Owners Name & Address: _____

Property Owners Phone Number: _____

Relationship of applicant to property owner: _____

How is property zoned? _____

Map & Lot: _____

Business Name: _____

Type of Business: _____

Does business have town sewer? Yes No

Does business have town water? Yes No

Will materials be stored outside of building? Yes No

 If yes list materials. _____

Number and location of buildings on property. _____

Comments: _____