



# Town of Washington

8 SUMMIT HILL ROAD P (413) 623-8878  
WASHINGTON, MASSACHUSETTS 01223 F (413) 623-2116

**Office of Building Inspector (413) 623-5018**

## APPLICATION FOR A HOME OCCUPATION

The undersigned hereby applies for a Home Occupation Permit in accordance with the provisions of the Town of Washington Zoning By-Laws.

Application Date: \_\_\_\_\_

Application Made By: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Total Square Footage of Principal Building: \_\_\_\_\_

Total Square Footage to be used for Home Occupation: \_\_\_\_\_

Please Describe the Type of Home Occupation to be conducted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of property owner: \_\_\_\_\_

Date: \_\_\_\_\_