



TOWN OF CAPE ELIZABETH

Code Enforcement Office
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ACCESSORY USE PERMIT APPLICATION HOME OCCUPATION

MAP _____ LOT _____

LOCATION _____

DISTRICT _____ SIZE OF LOT _____

APPLICANTS
NAME _____ TEL.# _____

ADDRESS _____

INTEREST IN
PROPERTY _____

OWNERS
NAME _____ TEL.# _____

ADDRESS _____

TYPE OF SEWERAGE DISPOSAL

PUBLIC _____ PRIVATE _____

IF PRIVATE, DESIGN FLOW _____ GALLONS PER DAY YEAR INSTALLED _____

EXPLAIN THE TYPE OF HOME OCCUPATION PROPOSED

NUMBER OF RESIDENTS OF HOME TO BE INVOLVED OR EMPLOYED _____
(No one who is not a resident shall be involved or employed in the business or professional use)

WILL THE BUSINESS GENERATE VEHICLE TRIPS _____ NO _____ YES – EXPLAIN _____

(The nature of the business or professional use shall not require clients, or service or delivery vehicles, to regularly visit the premises)

WILL THE BUSINESS OR PROFESSIONAL USE PRODUCE ANY ODORS, FUMES, DUST, GLARE, NOISE, OR ELECTRICAL INTERFERENCE _____ NO _____ YES – EXPLAIN _____

(The business or professional use will not produce any odors, fumes, dust, glare, noise, or electrical interference in excess of that produced by normal residential use)

WILL THERE BE EXTERNAL ALTERATIONS TO THE BUILDING OR SITE _____ NO _____ YES – EXPLAIN _____

(There shall be no external alteration of the building or site that changes its residential character including the creation of a separate “business” entrance.)

TOTAL FLOOR AREA OF THE DWELLING UNIT _____ SF
AREA TO BE DEDICATED TO THE BUSINESS OR PROFESSIONAL USE _____ SF
_____ % OF TOTAL

(The square footage occupied by the business or professional use shall occupy an area no greater than twenty percent (20%) of the floor area of the structure of the dwelling unit.)

WILL THERE BE A SIGN _____ NO _____ YES - SIZE FOF SIGN _____

(cannot exceed 2 square feet per exposed face for a total of 4 square feet – requires permit)

THERE SHALL BE NO OUTSIDE STORAGE OF EQUIPMENT OR MATERIALS _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ASSURE COMPLIANCE WITH THE ORDINANCE.

SIGNED _____
APPLICANT

DATE _____

PERMIT FEE \$50.00 _____ CASH _____ CHECK # _____