



# TOWN OF CAPE ELIZABETH

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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 # \_\_\_\_\_