



**TOWN OF LITCHFIELD  
PLANNING BOARD**

**2 LIBERTY WAY, SUITE 1  
LITCHFIELD, NH 03052-2345**

Phone: (603) 424-2131  
Fax: (603) 424-3014

Internet: <http://www.litchfield-nh.gov>  
E-mail: [litchfieldpb@litchfield-nh.gov](mailto:litchfieldpb@litchfield-nh.gov)

**HOME OCCUPATION PERMIT  
RENEWAL APPLICATION**

Important! Applicant must complete, sign and file with the Planning Board.  
Applicant must submit request for renewal with a \$25.00 fee each year, but need not appear before the Planning Board unless changes in the business have occurred.

Name of Applicant and phone number \_\_\_\_\_

Address and E-mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Employees:

Please fill in the following with number of employees. Please indicate 0 if non-apply.

Applicant \_\_\_\_\_

Family Members \_\_\_\_\_

Non Family Members \_\_\_\_\_

Total # of Employees \_\_\_\_\_

Hours & Days of operation (e.g., 9a.m. - 6 p.m., M- F) \_\_\_\_\_

Amount of square footage dedicated to home business \_\_\_\_\_

Is there a sign present on property \_\_\_\_\_

Is there storage on site for the home occupation \_\_\_\_\_

Please describe storage present \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Fee Paid \_\_\_\_\_ Tax Map \_\_\_\_\_ Lot Number \_\_\_\_\_ Received \_\_\_\_\_

Approved/Denied(circle one)

Signed \_\_\_\_\_

Planning Board Chairman