



Town of Schodack

**265 SCHUURMAN ROAD
CASTLETON, NY 12033**

TELEPHONE (518) 477-7940
FAX (518) 477-7983

HOME OCCUPATION PERMIT

Occupants Name _____

Address _____

Phone _____

Business Name _____

Type of Business _____

Area of Residence To Be Used _____

Type of Home Occupation **I or II** (Circle One)

1. Need Letter stating exactly what you will be doing on site
2. Will a sign be required _____
3. Number of Employees _____
4. Will parking be provided _____

The Home Occupation Permit must meet all requirement of the Town of Schodack Zoning, Chapter 219, Section 219-36 and other applicable sections.

THIS PERMIT IS NOT TRANSFERABLE

Owner _____

Building Inspector _____