



TOWN of
THOMPSON
PLANNING AND ZONING COMMISSION

For OFFICE USE ONLY Fee: \$ _____
State: \$60.00 Town: \$40.00
Fee Paid: \$ _____ ☐ Cash ☐ Check
Checks payable to: Town of Thompson # _____

PZC # _____

Date of Application: _____, 20____ Application Received: _____, 20____
(Date received by Commission)

HOME APPLICATION – Application

APPLICANT NAME: _____ Phone &/or Email: _____
(Please Print)

APPLICANT ADDRESS: _____

ADDRESS OF /HOME OCCUPATION: _____

HOME OCCUPATION BUSINESS NAME: _____

PROPERTY OWNER (if other than Applicant): _____

OWNER'S SIGNATURE: _____
(in lieu of Owner's Signature, Attach a Letter of Authorization from Owner)

DESCRIBE PROPOSED ACTIVITY: _____

By signing below, I agree that I have read (see Attached 19 Standards and Criteria) and shall abide by the Town of Thompson Zoning Regulations, Article IX Section 10 Home Occupations.

Signature of Applicant: _____ Date: _____