



Town of Halfmoon  
 2 Halfmoon Town Plaza  
 Halfmoon, NY 12065  
 371-7410 ext. 2267  
 Fax: 371-0304  
 Planning Department

**Home Occupation  
 Application**  
*Application Fee: \$100.00*

Project #: \_\_\_\_\_

**I. PROJECT INFORMATION:**

Business/Project Name: \_\_\_\_\_

Business/Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner (If different than Applicant AND the Owner does not sign below, please submit an original, notarized "Owner Authorization" form - attached):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If a corporation, please name a responsible party/designated officer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**II. PROPOSED HOME OCCUPATION:**

Proposed use/sales/service: \_\_\_\_\_

Any additional tenants/uses on site: Yes  No  If yes, please describe: \_\_\_\_\_

Total area of building: \_\_\_\_\_ (SF) Total area to be occupied by the Home Occupation: \_\_\_\_\_ (SF)

**PLEASE NOTE: A Home Occupation may not exceed 30% of the total building floor space and must occur entirely within indoors.**

Parking: Existing # of spaces: \_\_\_\_\_ Proposed additional spaces (if any): \_\_\_\_\_

Hours of operation:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Expected peak hours of operation/business: \_\_\_\_\_

Number of employees (including yourself): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

**PLEASE NOTE: Only one (1) employee who is NOT a family member is permitted under a Home Occupation**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For Department Use Only)**

Planning Board Action: Approved  Disapproved  Reason for Disapproval: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HOME OCCUPATION APPLICATION Instructions & Checklist

**(Must be submitted with application)**

This Checklist and all required items must be included for an application to be considered complete and placed on the Planning Board agenda. **Please note the number of copies required for each item.**

The following items are enclosed (please check):

\_\_\_\_\_ **Completed** Home Occupation Application (**1 copy**)

\_\_\_\_\_ Application Fee with check made payable to: "Town of Halfmoon"

\_\_\_\_\_ "Owner Authorization" form, if necessary (at least one must be an original, signed copy). This form (attached) must be submitted if the Applicant is **not** the owner of the residence. (**1 copy with original signature**)

\_\_\_\_\_ Narrative: Written narrative describing the Home Occupation, including a description of the type of proposed home occupation and all associated activities, including hours of operation, number of employees (including yourself), expected peak time periods for customers/clients, parking demands (numbers of spaces expected to be used at peak times) and any other information to help fully explain the home occupation. (**15 copies**)

**Area Requirements:** A Home Occupation may not exceed 30% of the total building floor space.

**Employees:** Only one (1) employee who is NOT a family member is permitted under a Home Occupation.

**Site Plan:** The Planning Board and/or Planning Department may require a site plan or other information required to review the application. Please consult with the Planning Department for further information.

**Signs:** A separate Sign Application is required to be completed, pursuant to Article X of Chapter 165 of the Town Code of the Town of Halfmoon. If you are considering replacing on-site signage, you may wish to apply at the same time.

**Special Use Permit:** If the proposed Home Occupation is located in a non-residential zoning district, a Special Use Permit may be required pursuant to Town Code. Please contact the Planning Department for more information.

**Incomplete applications will not be accepted for review.** Applications submitted by the deadline will be placed on the agenda at the discretion of the Planning Board Chair. Once a determination has been made that an application is complete, the Planning Board will continue its review until either approval or disapproval or the applicant withdraws the application upon written notification. The Planning Board normally convenes the second and fourth Monday of the month at 7 p.m.; please verify the upcoming meeting dates following submittal of your application.

Attached is an excerpt from the Halfmoon Town Code related to Home Occupations and does not represent a complete listing of all Town rules and requirements.

Please contact the Halfmoon Planning Department at (518) 371-7410 ext. 2267 if you have any questions or to schedule a Pre-Application meeting with Planning Department staff. You may also visit [www.townofhalfmoon-ny.gov](http://www.townofhalfmoon-ny.gov) for online access to the Town Code (click "E-Code" under "Town Links" on the home page).

***I have read the above instructions and checklist and fully understand and accept the requirements of the Town of Halfmoon.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**OWNER AUTHORIZATION - HOME OCCUPATION**

The undersigned, who is the owner of the premises known as .....  
....., identified as Tax Map #.....hereby authorizes  
.....to bring the attached application  
before the Planning Board of the Town of Halfmoon for consideration. The undersigned further permits  
the Town or its authorized representative access to the property to review existing site conditions during  
the review process.

STATE OF NEW YORK     )  
COUNTY OF SARATOGA   )SS.

On this .....day of .....,Two Thousand and ....., before me,  
the subscriber, personally appeared ..... to me  
personally known and known to me to be the same person described in and who executed  
the within Instrument, and .....he.....acknowledged to me that .....he.....executed the same.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Notary Public

**The following criteria must be met in order to meet  
the minimum requirements for an  
In-Home Occupation  
per the Town of Halfmoon Zoning Code:**

ARTICLE IX  
Additional Regulations

§ 165-39. Home occupations.

- A. All occupations conducted in residential districts shall meet the special permit requirements as outlined in Article XVI and shall conform to the following:
- (1) The home occupation shall be carried on only by a member(s) of the family residing in the dwelling unit. One employee who is not part of the family is permitted.
  - (2) The home occupation shall be carried on wholly within the principal or accessory structures and shall not exceed 30% of the total building floor space.
  - (3) Exterior displays or signs other than those permitted under Article X, exterior storage of materials and exterior indication that a home occupation exists, or variation from the residential character of the principal structure shall be prohibited.
  - (4) Objectionable circumstances, including those which are visual, together with dust, electrical disturbance, odors, noise, heat or glare, shall not be produced.
  - (5) Parking shall be provided off street and shall not be located in front yards except for a maximum of three cars.
  - (6) Seasonal services may be permitted, provided that those services are personal in nature and are offered within the dwelling occupied by the same, i.e., income tax preparation.