

CANTON ZONING COMMISSION
PROFESSIONAL OR HOME OCCUPATION PERMIT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

I have received a copy of Canton Zoning Regulations Section 8.3 and agree to abide by all provisions of said regulations. I understand that my Professional or Home Occupation Permit will be revoked if I violate any of these provisions.

Signature of Applicant

Date

FOR OFFICE USE ONLY

DATE OF INSPECTION: _____	
COMPLIES WITH SECTION 8.3:	YES _____ NO _____
FINDINGS: _____	

APPROVED / DENIED

Zoning Enforcement Officer

Date