



City of Lowell

Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Home Occupation Permit

Property Address: _____ **Unit No:** _____

Applicant Name: _____	
Phone No: (____) _____	Email: _____

Property Owner (If different from Applicant)

Property Owner's Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone No: (____) _____	Email: _____	

Business Information

Description of the Business to be Conducted: _____

Office Use Only
Application # _____
CID # _____
Authorization Letter:
<input type="checkbox"/> Owner
<input type="checkbox"/> Assoc
Zoning Officer
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Permit # _____

A letter of authorization is **required** from the owner of the property if the applicant is not the owner and/or from the Condominium Association if the location is with a condominium.

In accordance with the City of Lowell's Code of Ordinances, I acknowledge and certify that the:

- Information provided above is accurate;
- City will issue fines for failure to comply with the City's Code of Ordinances.

Signature _____

Date _____