### LIVINGSTON, NJ

# Setting up a Business in Your Home?

#### You need to know...



#### The Township of Livingston's Land Use Ordinance describes a Residence-Based Business as the following:

#### Activity of a Creative/Artistic Nature

Residence-based business activity of tutoring, fine arts instruction, music instruction, composing, writing, painting or sculpting.

#### Activity of a Professional Office Nature

Residence-based business activity which does not involve on-premises retailing, wholesaling, jobbing, manufacturing, repairing, altering, assembling, storing, warehousing or distributing any products or goods, or on-premises activity of a creative/artistic nature, or on-premises provision of any services directly to persons or other creatures. Professional offices allowed include accountant, architect, attorney, chiropodist, chiropractor, dentist, engineer, optometrist, social worker, physician, psychologist or surveyor.

#### **Telecommuting**

Working at home, by a resident, one or more days a week, utilizing telephonic, electronic or other technology to perform work which would otherwise regularly be performed by the resident at a workplace elsewhere than at the person's residence.

#### Regulations for a Creative / Artistic Residence-Based Business

Residence-based business for the conduct of either activity of an office nature only, or activity of a creative / artistic nature only, each performed for pecuniary gain in or from a residence or dwelling unit by one or more residents of that residence or dwelling unit and which:

- Is not inconsistent with the otherwise exclusively residential character of the residence or dwelling unit and presents no outside appearance of business use.
- Does not entail any external modification of a structural a structural nature.
- Displays no signs.
- Uses no equipment, material or process that creates noise, vibration, glare, fumes, odors, radiation, electrical or electronic interference (including interference with radio or television reception), which effects any neighbor.
- In the case of a residence dwelling unit which is part of a common interest ownership community, does not cause an increase in common expenses that can be attributed to a business activity.
- Does not involve use, storage, or disposal of any grouping or classification of materials that the federal government or any state or local governing body designates as explosive or hazardous.
- Is conducted within no more that twenty percent (20%) or 325 square feet, whichever is less, of the floor area of the residence or dwelling unit.
- Is conducted in, or directed from, the residence or dwelling unit solely by residents of the residence or dwelling unit and has no other employees on the premises.
- Does not have deliveries to or shipments from, or cause vehicular traffic to or from the premises, in excess of that normally related to residential use in the neighborhood.
- Has no customers, patients or other business invitees of the premises, except that up to two (2) students at a time may be on the premises for tutoring, fine arts instruction or music instruction.
- Parking

#### Regulations for a Professional Residence-Based Business

Professional offices of accountants, architects, attorneys, chiropodist, chiropractor, dentist, engineer, optometrist, social worker, physician, psychologist or surveyor:

- The professional using such office resides in the building, and the office use is incidental and subordinate to the use of the building as a single-family residence by such person.
- Such office is accessory to and part of such building and no more than 40% of the floor area of such residence building or 750 square feet thereof, whichever is less, is devoted to office use.
- Said building is located on a lot or parcel of land fronting on Livingston Avenue, Mount Pleasant Avenue, Northfield Road, Old Short Hills Road, Passaic Avenue, South Orange Avenue or Walnut Street.
- Parking

#### **How to Apply**

You can obtain a Residence-Based Business Registration Form either in person when visiting the Planning Department, or by visiting our website at www.livingstonnj.org / Planning Department / Planning & Zoning Applications.

Complete the application form, and include the following items for submission:

| Copy of current original property survey where proposed business will be maintained.                               |
|--|
| Detailed floor plan of the space within the residence where business will be maintained, including dimensions      |
| and total square feet.   |
| Photographs of the existing residence including exterior photos, interior photos of proposed space within the      |
| residence and photos of entrance door if separate from main entrance of residence.                                 |
| A one-time fee as required by Ordinance – \$150.00 for offices of a professional nature, or \$50.00 for offices of |
| a creative/artistic nature. Please make checks payable to the Township of Livingston.                              |
|  |

#### **Processing Your Application**

- Once your application is received, if no additional information is required to review the application, the Planning Administrator will respond to you in writing within twenty (20) business days.
- If your application is approved, you may commence your residence-based business.
- If your application is denied, a detailed explanation will be provided.
- If you move or close your business, please advise the Planning Department in writing.
- If you need to make any alterations to your home, you will need to contact the Building Department at 973-535-7957 to request the appropriate applications for permits.

#### **Township of Livingston – Planning Department**

357 South Livingston Avenue
Livingston, NJ 07039
973.535.7954
973.535.7989 Fax
Hours of Operation: 8:30 AM – 4:30 PM
Monday through Friday

This brochure is for informational purposes only and is not legally binding. Please review the current Land Use of the Township of Livingston for all current codes and ordinances.

**Note:** When you apply, personal information may be collected under the authority of the Open Public Records Act. This information will be used to process your application and your name and address may be included on reports that are available to the public. If you have any questions, please contact our office.

March 2010



## RESIDENCE-BASED BUSINESS REGISTRATION FORM

| ADDRESS                                       |  |  |  |
|---|--|--|--|
| BLOCK LOT                                     | ZONE   |  |  |
| NAME OF OWNER IN FEE                          | TELEPHONE  |  |  |
| BUSINESS NAME (IF APPLICABLE)                 | EMAIL  |  |  |
| conducted in the Residential Districts of t   | Township of Livingston permits certain Residence-Based Businesses to be the Township, upon issuance of a Residence-Based Registration Form and business of a professional office nature or \$50.00 for a business of a creative  |  |  |
| PERMITTED RESIDENCE-BASED BUSI                | NESSES ARE:  |  |  |
| PROFESSIONAL OFFICE NATURE:                   | A business activity which does not involve on-premises retailing, wholesaling, jobbing, manufacturing, repairing, altering, assembling, storing, warehousing, or distributing any products or goods, or the on-premise provision of serviced directly to other persons or creatures. |  |  |
| CREATIVE OR ARTISTIC NATURE:                  | Tutoring, fine arts instruction, music instruction, composing, writing, painting or sculpting; or  |  |  |
| DESCRIPTION OF ACTIVITIES TO BE               | CONDUCTED  |  |  |
|   | e No. 1-2000 and Ordinance No. 38-2008 of the General Ordinances for the ities to be conducted will be in conformance with the requirements of these   |  |  |
| SIGNATURE                                     | DATE   |  |  |
| IF THE RESIDENT / OPERATOR IS NOT             | THE OWNER OF THE PROPERTY, COMPLETE THE FOLLOWING:   |  |  |
| OWNER'S NAME                                  | WNER'S NAME TELEPHONE  |  |  |
| OWNER'S ADDRESS                               | EMAIL  |  |  |
| I hereby certify that I am the owner of the p | roperty, and that I consent to the activities to be conducted.   |  |  |
| SIGNATURE                                     | DATE   |  |  |
| FOR OFFICE USE ONLY                           |  |  |  |
| APPROVED: DENIED:                             | SIGNATURE & DATE   |  |  |