



RESIDENTIAL ZONING PERMIT FOR A HOME OCCUPATION

Town Hall, 415 Route 169, Woodstock, CT 06281 860.928.0208

Property Location: 580 BRICKYARD RD.

Assessor's Map 5171 Block 02 Lot(s) 63

Owner's Name: CHRISTOPHER W MARK

Mailing Address: 580 BRICKYARD RD

Telephone: 508-243-7152 Email Address: fenmore2@yahoo.com

RECEIVED

JUN 27 2023

TOWN OF WOODSTOCK LAND USE DEPT.

Describe the proposed activity as completely as possible:

Bed & Breakfast - HOME OCCUPATION REVIEW
ARTICLE III, SEC. B.2.J

- 1. Is the activity clearly incidental and secondary to the residential use of the premises? YES
2. Will the exterior residential character of the dwelling and accessory structures be changed? NO
3. Will the activity be conducted primarily by the resident occupant and not more than 3 non-resident employees? YES
4. Will you have any on street parking? NO
5. Will there be more than 4 parking spaces dedicated to the use of the activity? NO
6. Will the activity create noise? NO odor? NO traffic? NO or any other condition noticeable off the premises? NO
7. What % of the finished floor area will be utilized for the home occupation in the residence? 9%
8. Will any accessory building(s) be utilized for the occupation? NO
a. if yes, then what percentage of the finished floor area of the dwelling will be utilized for the home occupation in the accessory building(s)?
9. Will you be installing any new signs for the occupation? NO

Describe:

- 10. Will the home occupation be a service or sales of articles? Service NO Sales NO
11. If articles for sale, then will they be produced in the home? Yes No N/A
12. Will you be bringing in articles for sale that are not made in the home? Yes No X N/A
13. Will sales be made in person, on the internet, or by other methods?
14. Will service-related vehicles (not personal vehicles for the residence) be parked on the property and if so, then how many? Yes # of vehicles No X N/A

I agree that the above information is accurate, and I attest that I am the owner of and reside at the residence at which the home occupation will take place.

Owner's Name (Print): CHRISTOPHER MARK

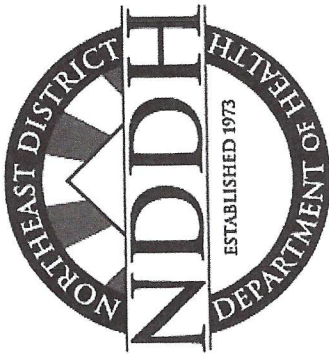
Owner's Signature: [Signature] Date: 6/15/2023

For Zoning Enforcement Officer Use:

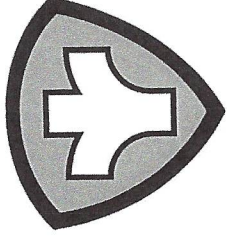
I have inspected the premises of the proposed home occupation and agree that it qualifies as a home occupation.

Zoning Enforcement Officer (Print):

Zoning Enforcement Officer Signature: Date:



BED & BREAKFAST REGISTRATION



Public Health
Prevent. Promote. Protect.

NORTHEAST DISTRICT DEPARTMENT OF HEALTH

To: CHRISTOPHER MARK

Date: 1/1/2023

Business Name: CHRISTMARK CASTLE BED & BREAKFAST

Street: 580 BRICKYARD ROAD

Town: WOODSTOCK, CT 06281

Susan Starkey MS RD MPH

Susan Starkey, MS, RD, MPH
Director of Health - NDDH

Expiration Date: 12/31/2023

Must Be Displayed In A Prominent Place

Owners are responsible for permit renewal.
Renewal applications must be received by December 15th annually to avoid late and penalty fees.
Permit is non-transferable and may be revoked at anytime.