

RESIDENTIAL ZONING PERMIT FOR A HOME OCCUPATION

Property Location: 182 Rt 171, Woodstock, CT 06281

Assessor's Map _____ Block _____ Lot(s) _____

Owner's Name: John Garlick

Mailing Address: 182 Rt 171 Woodstock, CT 06281

Telephone: (401) 450-4824

Email Address: john.d.garlick@gmail.com



Describe activity as completely as possible: canine massage for the complementary dedication to veterinary care for the physical and mental health of companion animals, sporting dogs, and hunting dogs.

1. Is the activity clearly incidental and secondary to the residential use of the premises? no
2. Will the exterior residential character of the dwelling and accessory structures be changed? no
3. Is the activity to 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 percentage of the finished floor area of the dwelling will be utilized for the occupation? 10% or less
8. Will any accessory building(s) be utilized for the occupation? no
9. Will you be installing any new signs for the occupation? no Describe: _____

I agree that the above information is accurate.

Owner's Name (Print): John D Garlick J.

Owner's Signature: [Signature] Date: 1/11/2024

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

_____ I have not inspected the premises of the proposed home occupation activity (inspection was not required) and agree that it qualifies for a home occupation.

Zoning Enforcement Officer (Print): _____

Zoning Enforcement Officer Signature: _____ Date: _____

Fee: _____ Paid: Cash Receipt # _____