



RESIDENTIAL ZONING PERMIT FOR A HOME OCCUPATION

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

Property Location: _____

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

Owner's Name: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Describe the proposed activity as completely as possible:

1. Is the activity clearly incidental and secondary to the residential use of the premises? _____
2. Will the exterior residential character of the dwelling and accessory structures be changed? _____
3. Will the activity be conducted primarily by the resident occupant and not more than 3 non-resident employees? _____
4. Will you have any on street parking? _____
5. Will there be more than 4 parking spaces dedicated to the use of the activity? _____
6. Will the activity create noise? _____ odor? _____ traffic? _____
or any other condition noticeable off the premises? _____
7. What % of the finished floor area will be utilized for the home occupation in the residence? _____
8. Will any accessory building(s) be utilized for the occupation? _____
 - 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? _____

Describe: _____

10. Will the home occupation be a service or sales of articles? Service _____ Sales _____
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 _____ 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 _____ 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): _____

Owner's Signature: _____ Date: _____

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: _____