

RESIDENTIAL ZONING PERMIT FOR A HOME OCCUPATION

RECEIVED
FEB 14 2024
TOWN OF WOODSTOCK
LAND USE DEPT.

Property Location: 1186 Route 169 Woodstock

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

Owner's Name: CAROLYN MASON

Mailing Address: 1186 Route 169 Woodstock CT 06281

Telephone: 860 377 1789

Email Address: sea to the heart@yahoo.com

Describe activity as completely as possible: sea glass jewelry, art, crafting
not in the business, no employees, small home office

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. 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%
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: N/A

I agree that the above information is accurate.

Owner's Name (Print): CAROLYN M. MASON

Owner's Signature: [Signature] Date: 2/14/2024

_____ 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 # _____

PAID
FEB 14 2024
TOWN OF WOODSTOCK
LAND USE DEPT.