

Application Fee

Application Number

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TOWN OF BARRE
HOME OCCUPATION APPLICATION

Please fill in all information requested. Failure to fill out completely may delay review. If you need assistance, please contact the Planning & Zoning Office. Please note: Additional local permits beyond town permits are required, as well as state permits may be required for proposed use. Applicant is advised to consider other permits and/or approvals that may be required. State permit specialists can be reached at 802-476-0195.

Applicant / Landowner

Name Mailing Address

Phone City, State, Zip

Property location Parcel ID Zoned

Identify Home Industry/Occupation:

Please answer the following:

- 1. I am a resident of the premises identified above:
2. I will not employ more than two (2) persons who do not live at the above-identified premises as part of this home occupation:
3. This home industry/occupation will be secondary to the use of the premises as a residence:
4. How many rooms are there in your home: What's the square footage of your home:
5. How many rooms will this occupation use: What's the total square footage used for this occupation:
6. How many hours a week:
7. Exterior changes on the premises related to home industry/occupation will be as follows:
8. I will operate my business so as to attract no more than vehicles on a regular basis at any one time.
9. My lot/driveway can accommodate these vehicles without disrupting the normal flow of traffic in my neighborhood:
10. I intend to begin my home industry/occupation on or about:
11. The home industry/occupation that I am applying for:
a. Will not involve any activity or change in appearance around my residence
b. Will involve an occupation which is customary in residential areas
c. Will not create a nuisance
d. Will not involve storage of material in the building

Please read and initial:

I affirm that all the statements herein are true and to the best of my knowledge and complete as to the area addressed, and I will inform the Town of Barre Zoning Office as soon as possible if any of the above facts change. I understand that if any of these statements are found to be untrue, incomplete, or misleading that my right to use my premises for a home industry/occupation may be suspended.

Please attach a statement, providing a full description of all the activity for the home industry/occupation. Include, traffic flow, parking plan (if necessary), hours of operation, etc...

Signature:

Date:

OFFICE USE ONLY

Date Received: Application: Plans: Fee Rec'd: Meeting:
Additional Sewer Yes No Paid: