

**Town of Essex**  
**PERMITTED HOME OCCUPATION APPLICATION**

- a) Fill out the attached questionnaire and pay application fee.
- b) Provide floor plan of dwelling and indicate the square footage of the dwelling and area of home or accessory building to be used.
- c) The Zoning Administrator may require additional information if needed to make a proper evaluation in a case by case basis.

**PERMITTED HOME OCCUPATION QUESTIONNAIRE**

**GUIDELINES:** Please fill out the information requested on this form. To help you with your application, attached you will find a copy of the Home Occupation Regulations (Section 25.11) from the Zoning Regulations. Your application will be judged on this information can criteria plus any additional information required by the Zoning Administrator.

Date: \_\_\_ / \_\_\_ / \_\_\_                      Zoning District: \_\_\_\_\_

Landowner's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address of Home Occupation: \_\_\_\_\_

Name of Home Occupation: \_\_\_\_\_

**I. TYPE OF USE**

- 1. Nature of the Home Occupation \_\_\_\_\_
- 2. Does the Home Occupation include retail sales?     Y     N  
As the primary use?     Y     N      Secondary to other uses(s)?     Y     N  
Will the Home Occupation produce any objectionable noise, vibration, smoke, dust,  
3. electrical disturbance, odors, heat, or glare? Specify:  
\_\_\_\_\_  
\_\_\_\_\_

**II. USE OF PROPERTY**

- 1. Is the primary use of the property as a residence for the applicant?     Y     N
- 2. Lot size: \_\_\_\_\_ Road Frontage: \_\_\_\_\_
- 3. Number of buildings on property: \_\_\_\_\_  
Total finished square footage of home: \_\_\_\_\_
- 4. Building(s) to be used: Existing? \_\_\_\_\_ New? \_\_\_\_\_
- 5. Square footage of Home Occupation:  

	Inside House:	Inside Other Bldgs:	Outside:
Offices:	_____	_____	_____
Working Area:	_____	_____	_____
Storage:	_____	_____	_____

**III. METHOD OF OPERATION**

- 1. Number of employees: Family \_\_\_\_\_ Non-family \_\_\_\_\_
- 2. Hours of operation: \_\_\_\_\_ Days of Week: \_\_\_\_\_

**IV. TRAFFIC AND PARKING**

- 1. Projected traffic \_\_\_\_\_ Cars per day \_\_\_\_\_ Trucks per day \_\_\_\_\_
- 2. Parking: Applicant's vehicle(s) stored outside: \_\_\_\_\_

**V. SIGN**

- 1. Is a sign being requested?  Y  N  
If so, maximum permitted size is 3 square feet. Size: \_\_\_\_\_

**VII. MAP**

- 1. Neat ruler drawing showing size of building and floor plan indicating area to be used.
- 2. Submit photographs of all sides of the building.
- 3. Submit a brief narrative describing your business.

**TOWN OF ESSEX, VERMONT  
ZONING PERMIT APPLICATION  
FOR PERMITTED HOME OCCUPATIONS**

Appeal Period Expired: \_\_\_ / \_\_\_ / \_\_\_

Permit # \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Application Fee: \$95 \_\_\_\_\_

Applicant's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Home Occupation: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Map, Parcel, & Lot: 2 - \_\_\_\_\_

The undersigned hereby applies for permission to operate a Home Occupation pursuant to Section 25.11 of the Zoning Regulations.

Applicant's Signature \_\_\_\_\_

Approved on: \_\_\_ / \_\_\_ / \_\_\_

Denied on: \_\_\_ / \_\_\_ / \_\_\_

(See attachment for conditions of approval or reasons for denial.)

By: \_\_\_\_\_  
Zoning Administrator

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within 15 days of permit issuance. Commencing construction or operations within this 15 day appeal period is prohibited by law.

This permit is valid as long as you continue your business at the location you applied for and you do not alter the use in which you applied for.