Town of Essex
Questionnaire for
CONDITIONAL HOME OCCUPATIONS

GUIDELINES: To help you with your application, attached you will find a copy of the Home Occupation Regulations (Section 25.11) AND the Conditional Use criteria (Section 25.2) from the Zoning Regulations. Your application will be judged on this information can criteria plus any additional information required by the Zoning Administrator.

FEE: $150.00, $10.00 Recording Fee and Abutters fee ($6.73 per abutter)

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, 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) and employee parking spaces: ________________
   Customer parking spaces: __________________
   Vehicles stored outside: __________________

V. SIGN
1. Is a sign being requested? □ Y □ N
   If so, maximum permitted size is 3 square feet. Size: ________________________

VI. MAP
1. Plat plan to scale indicating location of buildings, parking, and any other information
   required by the Zoning Administrator.
2. Submit photographs of all sides of the building.