

FEE:

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HOME OCCUPATION AFFIDAVIT

**(to conduct home industry/occupation within the Town of Barre.
See Section 1.6 "Home Occupation")**

1. I, _____, wish to carry on within the _____ building of my residential premises a "home industry or occupation", which will consist of _____.
(identify home industry/occupation)

2. My premises are located at _____, also
(street location)
known as Tax Map _____, Lot _____.

My mailing address is: _____

My telephone number is: _____

My email address is: _____

3. I am a resident of the premises identified above.

4. I will not employ more than two (2) persons who do not live on the above- identified premises as part of this home occupation. The names of the persons residing on the _____ premises are:

5. This home industry/occupation will be secondary to the use of these premises as a residence. Specifically, the residence consists of _____ rooms and approximately _____ square feet of living space; the home occupation will involve the use of _____ rooms or approximately _____ square feet of living space, for a total of about _____ hours per week.

6. The home industry/occupation I am applying for:

- a) Will not involve any activity or change in appearance around my residence which will change the residential character of the premises or the area;
- 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.

7. Exterior changes on premises related to home industry/occupation will be as follows:

8. In keeping with the requirement that this home industry/occupation not change the residential character of my neighborhood; I will operate my business so as to attract no more than _____ vehicles on a regular basis at any one time. My lot/driveway can accommodate these vehicles without disrupting the normal flow of traffic in my neighborhood.

9. I affirm that all of the statements herein are true 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.

10. I intend to begin my home industry/occupation on or about:

(day/month/year)

11. In the space below is a full description of all the activity I anticipate on my premises related to the home industry/occupation:

(attach additional sheets if necessary)

Printed Name of Affiant

Signature of Affiant

Signature of Landowner if different

Date

For Administrative Purposes Only:

Date Received: _____ Review Fee Received: _____

Action: _____
Approved/denied by Zoning Administrator.
(date)

Determination: _____

Conditions (if any)

Signature, Zoning Administrator