

OFFICE USE ONLY: Zoning Permit #: _____ Date Reviewed: _____
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## Home Occupation Checklist

Home occupations in Ellington are subject to review by the Planning Department. First, it must be determined if an occupation requires a **Zoning Permit**. If it does need a permit, it must meet the requirements outlined in Section 7.7 of the Ellington Zoning Regulations. If the occupation does not meet those requirements, the applicant must go through the **Special Permit** process with the Planning and Zoning Commission to determine if the occupation can be approved. The four questions directly below help determine if a home occupation requires a zoning permit:

Will any customers visit the home?	Y / N	Will there be any non-household employees?	Y / N
Will there be any deliveries?	Y / N	Will there be storage of any products/materials?	Y / N

**If no to all of the above**, you likely will not need a zoning permit. PLEASE CONTACT THE PLANNING DEPARTMENT TO CLARIFY. **If yes to any of the above**, please complete the form.

**Business Name:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1.	Is the occupation clearly incidental and secondary to the residential use of the dwelling?	Y / N
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Please briefly describe the proposed home occupation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.	Is the occupation carried on entirely within the dwelling, including the basement, attic, garage, or accessory buildings?	Y / N
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What is the floor area of the dwelling, excluding the attic and basement?

\_\_\_\_\_

\_\_\_\_\_

What area does the occupation use?

\_\_\_\_\_

\_\_\_\_\_

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3.	Will the residential character and appearance of the dwelling/lot change in any manner?	Y / N
4.	Does the occupation create any noise, odor, vibration, or unsightly conditions?	Y / N
5.	Are there any health or safety hazards associated with the occupation?	Y / N
6.	Will the occupation create any interference with communications transmission/reception?	Y / N
7.	Will there be any signage advertising the existence of the home occupation? <sup>(1)</sup>	Y / N

1. See Section 6.3.4 of the Ellington Zoning Regulations for signage requirements.

If yes to any of the above, please describe below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8.	Will any products or materials be stored on the lot outside in such a manner as to be visible from any adjacent property?	Y / N
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What materials will this occupation require?

\_\_\_\_\_

\_\_\_\_\_

Where will they be stored?

\_\_\_\_\_

\_\_\_\_\_

9.	Will any customers visit the property?	Y / N
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If yes, please describe the frequency, hours, and days.

\_\_\_\_\_

\_\_\_\_\_

10.	Will there be any deliveries to/from the property?	Y / N
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If yes, please describe the frequency, hours, days, and what materials will be delivered.

\_\_\_\_\_

\_\_\_\_\_

11.	Will there be any non-household employees?	Y / N
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- A. Number of employees: \_\_\_\_\_
- B. Days per week / hours: \_\_\_\_\_
- C. Parking Locations: \_\_\_\_\_

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