

# Town of Coventry

Land Use Office

1712 Main Street • Coventry, CT 06238

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www.coventryct.org

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

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

## APPLICATION FOR HOME OCCUPATION

\$25 Fee Due Upon Approval

Please complete this form, include a floor plan or plot plan sketch showing what area will be used to run your home business. (For your guidance, zoning regulations Section 5.05 for home occupation are attached.)

Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business name: \_\_\_\_\_

Detailed description of proposed business: \_\_\_\_\_

Are there any other home occupations conducted on site? \_\_\_\_\_

Will there be employees other than residents of dwelling? \_\_\_\_\_ Number: \_\_\_\_\_

Will there be any signs proposed on the property for home occupation use? \_\_\_\_\_  
If so, please provide details, i.e.: size, location, construction/attachment

Will there be any outside storage of materials or equipment? \_\_\_\_\_

Will there be any commercial vehicles (11,000 gross pounds) kept on-site? \_\_\_\_\_ Number: \_\_\_\_\_  
Type of vehicle: \_\_\_\_\_

Will there be any customers visiting this business? \_\_\_\_\_ Number (per week): \_\_\_\_\_

Total floor area in dwelling and accessory buildings used by business: \_\_\_\_\_

Will this business use require any of the following permits?

\_\_\_ Inland Wetlands Permit

\_\_\_ Building Permit

\_\_\_ Health Department Permit

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Fee Paid: \_\_\_\_\_

\_\_\_ **Approved** as submitted (no additional approvals required)

\_\_\_ Low Impact Home Occupation (no further action required)

\_\_\_ Moderate Impact Home Occupation (no further action required)

\_\_\_ **Denied** as submitted

\_\_\_ Special Permit Required (High Impact Home Occupation)

\_\_\_ Application does not comply with Section 5.05 of the Regulations

Zoning Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_