Town of Ellington Planning Department (860)870-3120

OFFICE USE ONLY: Zoning Permit #:
Date Reviewed:

## **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 w	ill not nee	ed a zoning permit. PLEASE CONTACT THE	
PLANNING DEPARTMENT TO CL	ARIFY. I	f yes to any of the above, please complete the form	1.
<b>Business Name:</b>			
Applicant Name:			
Business Address:			
Phone #:			
Email:			
1. Is the occupation clearly incident	al and seco	ondary to the residential use of the dwelling?	Y/N
2. Is the occupation carried on entire garage, or accessory buildings?	ely within	the dwelling, including the basement, attic,	Y/N
What is the floor area of the dwelling.	excluding	g the attic and basement?	
		<del>-</del>	
What area does the occupation use?			
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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? (1)	Y/N					
	1. See Section 6.3.4 of the Ellington Zoning Regulations for signage requirements.						
If y	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	Y/N					
	from any adjacent property?						
Wł	What materials will this occupation require?						
Where will they be stored?							
9.	Will any customers visit the property?	Y/N					
If y	ves, please describe the frequency, hours, and days.						
10.	Will there be any deliveries to/from the property?	Y/N					
If y	If yes, please describe the frequency, hours, days, and what materials will be delivered.						
11.	Will there be any non-household employees?	Y/N					
	A. Number of employees:						
	B. Days per week / hours:						
	C. Parking Locations:						

Will the residential character and appearance of the dwelling/lot change in any manner?