

ADDI ICANT INFODMATION (complete all)



DEDMIT # HO

## HOME OCCUPATION PERMIT

Applicant(s):	Owner(s):
Address:	(If other than Applicant)
Zip Code	Zip Code
Telephone	Telephone:
PROPERTY OWNER'S AUTHORS *Fill out only if Applicant is o	
	by certifies that the information submitted in this application regarding the e and that the Applicant has full authority to request approval for the proposed
Date Owner	's Signature
	dress): Zoning District: Lot Size:  Occupation:
premises? Yes No 2. Will there be any other yes No	ion be carried on by members of the family living on the non-family members employed by the Home Occupation?  umber of individuals and number of hours worked per week:

47 Town Common Road North. • St. Albans, VT 05478

• Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com

5.	Structure to be used for Home Occupation (residence or accessory):
6. 7.	Total square footage of the structure proposed for Home Occupation:  Total percentage of floor space that the Home Occupation will utilize:  (Please note: no more than 50% of the total area of the structure to be used for the Home Occupation is allowed)
8.	Will there be a sign advertising the Home Occupation? Yes No (Please note: If yes, a separate Sign Permit is required.)
9.	Will there be any exterior displays or other advertising material (other than a sign)? Yes No
10.	Will there be any exterior storage of materials? If yes, please describe nature of materials, location on property, and proposed screening:
11.	Please describe traffic expected to be generated (customers, deliveries, employee, etc.) because of the Home Occupation, including estimated average number of trips per day:
12.	Please describe proposed parking, including number of spaces and proposed location:
13.	Please submit a drawing on the page provided showing the lot outline; existing structures and distances to property lines; existing and proposed driveway and parking, including number of spaces, location, and distance to property lines; proposed area(s) of exterior storage of materials including existing and/or proposed screening and distance to property lines; and proposed location of sign (if any).
FIF	RMATION:

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By signature below, applicant(s) hereby certifies that the information submitted in this application is true, accurate, and complete. Applicant(s) further certifies that the proposed Home Occupation will not generate excessive noise, smoke, vibration, dust, glare, odors, electrical interference, or heat that is detectable at the property boundaries and that there will be no risk to public health from the Home Occupation such as toxic emissions or onsite disposal of hazardous wastes.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

Certificate of Occupancy: The Town of Georgia Development Regulations provide, in part, as follows: It shall be unlawful to use or occupy or permit the use of occupancy of any or structure or part thereof which requires a zoning permit under these Regulations until a Certificate of Occupancy is issued by the Administrative Officer. An application for a Certificate of Occupancy is included herein.

## **DECISION/ACTION TAKEN (TOWN USE ONLY)**

Date Received	
Zoning Fee Paid	
Recording Fee Paid	
Check #	
Approved / Denied	
Returned (Incomplete)	
Date of Decision	
Permit Valid Starting	

Signed	
Douglas Bergstrom	
Zoning Administrator	

Permit may be appealed within 15 days of issuance per Title 24 VSA Ch.117 Section 4465.

This permit **expires one year from date of issue** and may be extended one additional year upon application to the Zoning Administrator. If this permit is not utilized within one year, or not extended for the same proposal, it will become null and void.