



HOME OCCUPATION INFORMATION

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

zoning@wolcottvt.org

The purpose of a Home Occupation is to allow for small, home based businesses within residential areas while guarding the property rights of neighboring properties. Section 5.04 Home Occupation

No provisions of our bylaws shall infringe upon the right of any resident to use a minor portion of a dwelling or outbuilding for an occupation which is customary in a residential area and which does not have an undue adverse effect upon the character of the area.

Specific Use Standards. In order to ensure that a home occupation will not change the character of a residential area, the owner must demonstrate that it will comply with the following standards:

- **Home occupations** are accessory uses to residential properties and must **clearly** be incidental and secondary to residential use.
- **Home occupations** shall be carried on **only** by residents of the dwelling.
- **Home occupations** will not **change** the character of the neighborhood.
- **All** business activities associated with the **Home occupation** shall be carried on entirely within the dwelling or accessory structure. Subject to **Site Plan Review**, outdoor work areas may be permitted provided they are adequately screened in accordance with Section 4.40(4) of the Zoning Regulations.
- No **traffic** shall be generated which would be uncharacteristic of the neighborhood.
- No **objectionable** vibration, odor, smoke, dust, electrical disturbance, heat or glare shall be produced by the **Home occupation**.
- New **parking** required for the **Home occupation** shall be provided **off-street**.

The Zoning Administrator will grant approval with the understanding that these Standards will be met.

Where it is determined by the Zoning Administrator that the proposal **does not** meet the definitions or standards of **Home Occupation**, the applicant may apply for a **Conditional Use** permit.



APPLICATION FOR HOME OCCUPATION

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PERMIT # _____ Application Date Received _____ Fee Paid _____ Recording Fee _____

Parcel location information

911# _____ Physical location _____ Deed: Book _____ Page _____

Parcel Owners Information

Name _____ Mailing address _____

Email _____

City _____ State _____ Zip _____ Phone or Cell# _____

Project Description:

I/We pledge that the information provided is true and accurate to the best of my/our knowledge. I/we also understand that in the event of misrepresentation this application shall be null and void. I/We grant permission to the Zoning Administrator to enter our property for inspection pertaining to this permit.

Landowners

FOR TOWN USE ONLY

Parcel ID # _____ Zoning District _____ Acres in Parcel _____ Survey on file _____

Water & Septic Plans _____ Other Permits needed _____

Site visit ___ Date / Time _____ Remarks _____

Approved/Denied Reasons _____

Other Information _____
