

# Town of Essex

## PERMITTED HOME OCCUPATION APPLICATION

- a) Fill out the attached questionnaire and pay application fee.
- b) Provide floor plan of dwelling and indicate the square footage of the dwelling and area of home or accessory building to be used.
- c) The Zoning Administrator may require additional information if needed to make a proper evaluation in a case by case basis.

### PERMITTED HOME OCCUPATION QUESTIONNAIRE

**GUIDELINES:** Please fill out the information requested on this form. To help you with your application, attached you will find a copy of the Home Occupation Regulations (Section 4.9) from the Zoning Regulations. Your application will be judged on this information can criteria plus any additional information required by the Zoning Administrator.

Date: 4/9/14 Zoning District: \_\_\_\_\_  
Landowner's Name: Barbara Lewis (+ Steven)  
Applicant's Name: Barbara Lewis  
Address of Home Occupation: 9 Woodlawn Dr.  
Name of Home Occupation: Mental Health Counseling

#### I. TYPE OF USE

- 1. Nature of the Home Occupation Individual + Couples  
Counseling
- 2. Does the Home Occupation include retail sales?  Y  N  
As the primary use?  Y  N Secondary to other uses(s)?  Y  N  
Will the Home Occupation produce any objectionable noise, vibration, smoke, dust, electrical disturbance, odors, heat, or glare? Specify:  
NO

#### II. USE OF PROPERTY

- 1. Is the primary use of the property as a residence for the applicant?  Y  N
- 2. Lot size: .57 acre Road Frontage: 125"
- 3. Number of buildings on property: 1 main bldg 1 shed  
Total finished square footage of home: \_\_\_\_\_
- 4. Building(s) to be used: Existing?  New?
- 5. Square footage of Home Occupation:  
Inside House: \_\_\_\_\_ Inside Other Bldgs: \_\_\_\_\_ Outside: \_\_\_\_\_  
Offices: 12x12 N/A \_\_\_\_\_  
Working Area: \_\_\_\_\_ N/A \_\_\_\_\_  
Storage: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**III. METHOD OF OPERATION**

1. Number of employees: Family 1 <sup>self employed</sup> Non-family \_\_\_\_\_
2. Hours of operation: 8Am - 7pm Days of Week: Monday - Saturday

**IV. TRAFFIC AND PARKING**

1. Projected traffic \_\_\_\_\_ Cars per day 5 Trucks per day \_\_\_\_\_
2. Parking: Applicant's vehicle(s) stored outside: no

**V. SIGN**

1. Is a sign being requested?  Y  N
- If so, maximum permitted size is 3 square feet. Size: \_\_\_\_\_

**VII. MAP**

1. Neat ruler drawing showing size of building and floor plan indicating area to be used.
2. Submit photographs of all sides of the building.
3. Submit a brief narrative describing your business.

**TOWN OF ESSEX, VERMONT**  
**ZONING PERMIT APPLICATION**  
**FOR PERMITTED HOME OCCUPATIONS**

Appeal Period Expired: 4/25/14

Permit # 2014-36-H

Date: 4/9/14

Application Fee: \$95 PC

Applicant's Name and Address: Barbara Lewis  
9 Woodlawn Drive

Type of Home Occupation: Mental Health Counseling

Phone Numbers: Home: 878-5688 Work: 878-0550 Cell: 578-8225

Zoning District: R2 Tax Map, Parcel, & Lot: 2-049<sup>x5</sup> 039 000

The undersigned hereby applies for permission to operate a Home Occupation pursuant to Section 4.9 of the Zoning Regulations.

Applicant's Signature 

Approved on: 4/10/14 Denied on: 1/1

(See attachment for conditions of approval or reasons for denial.)

By:   
Zoning Administrator

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within 15 days of permit issuance. Commencing construction or operations within this 15 day appeal period is prohibited by law.

This permit is valid as long as you continue your business at the location you applied for and you do not alter the use in which you applied for.

Level 1's  
Quebec Avenue Dr.

Garage

BATH

Printer

Foyer

Landung

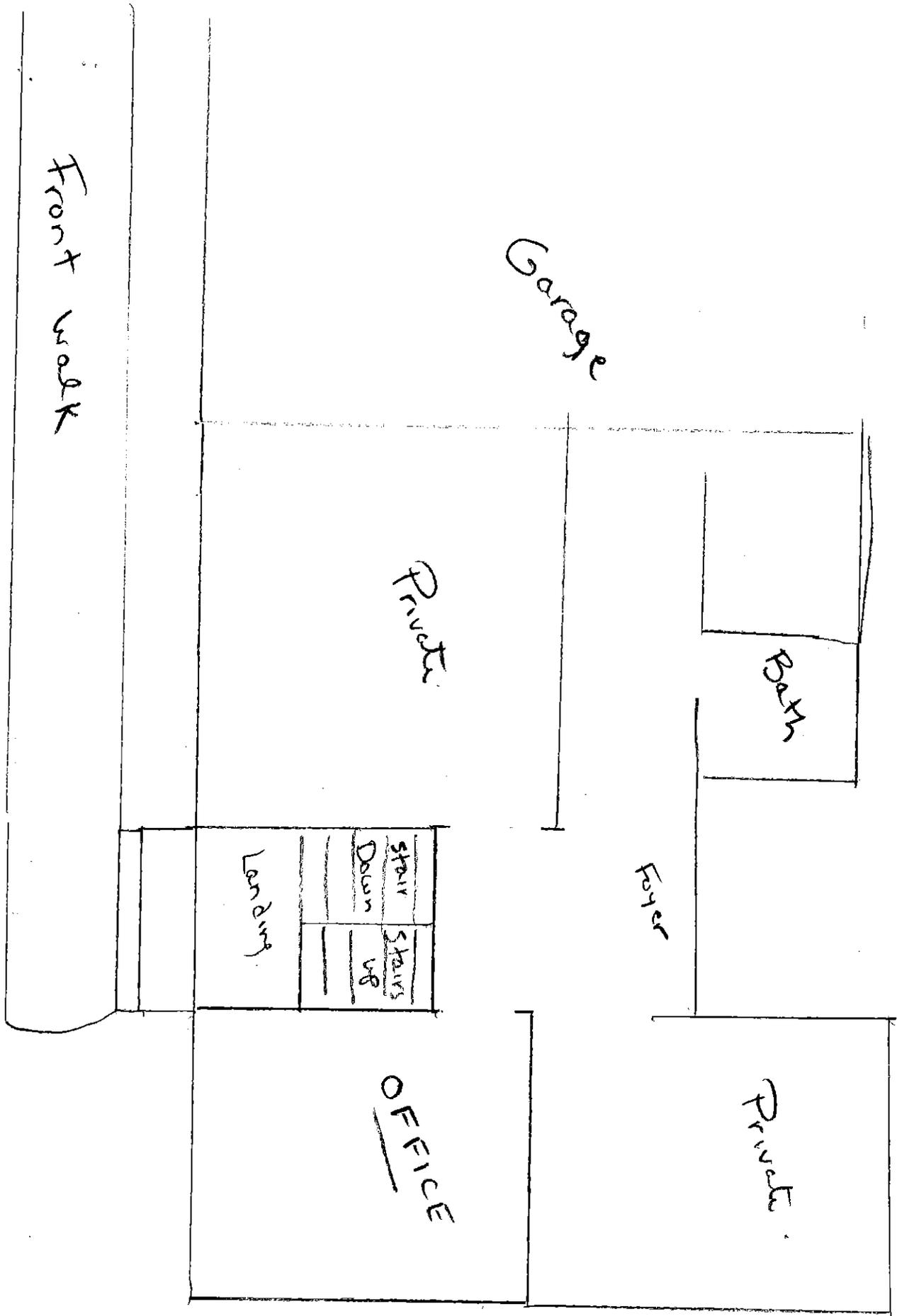
Stair  
Down

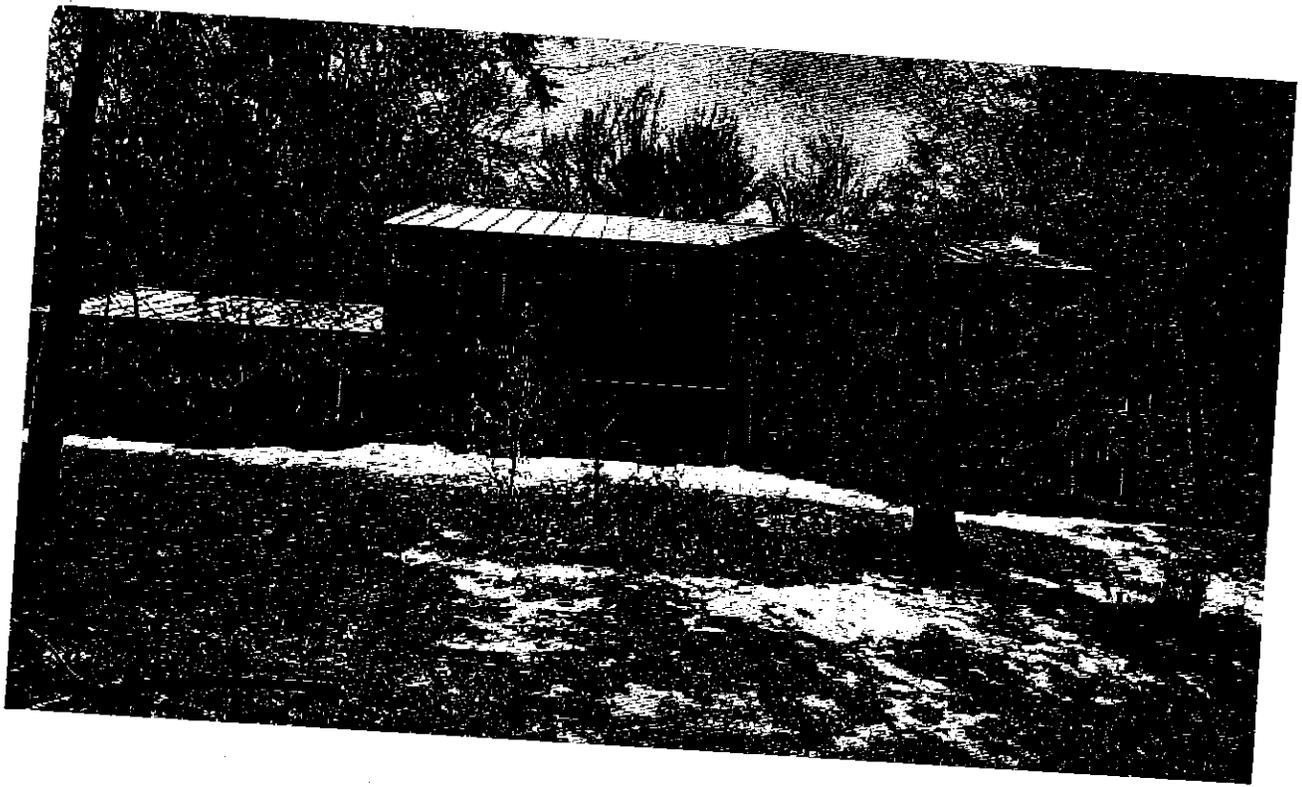
Stairs  
Up

Private

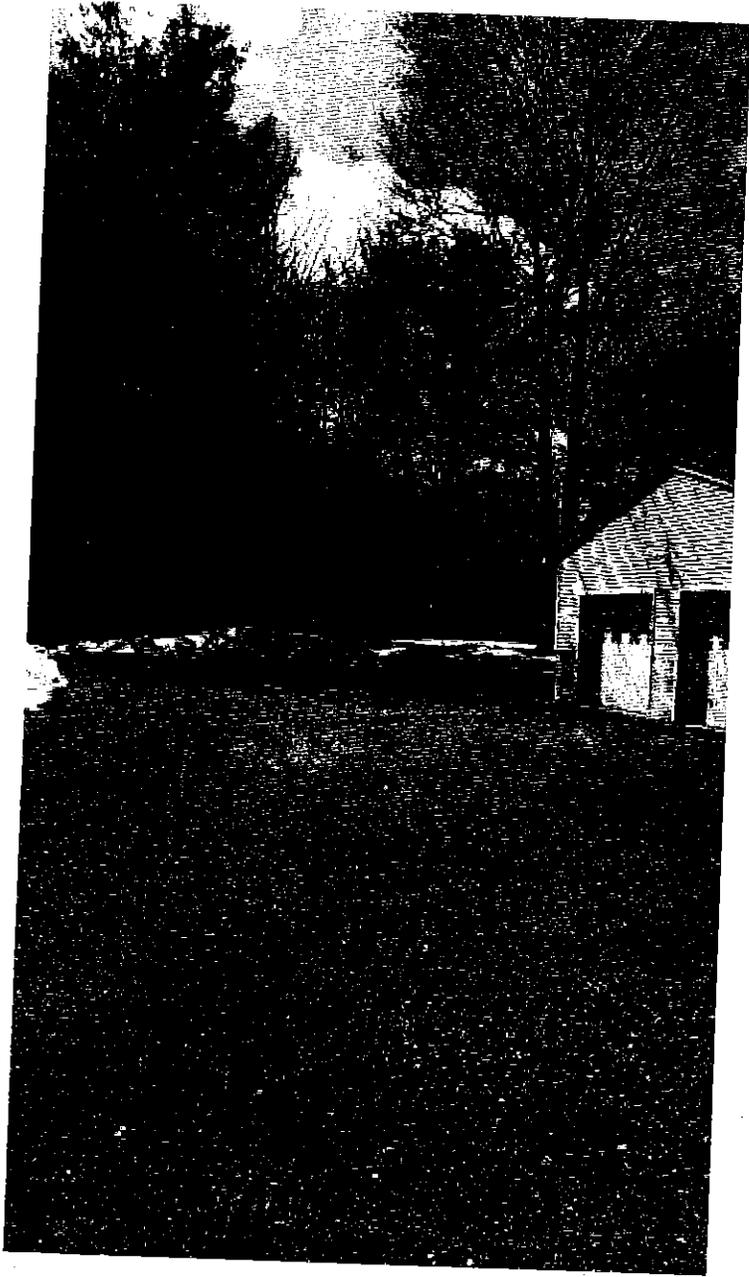
OFFICE

Front walk





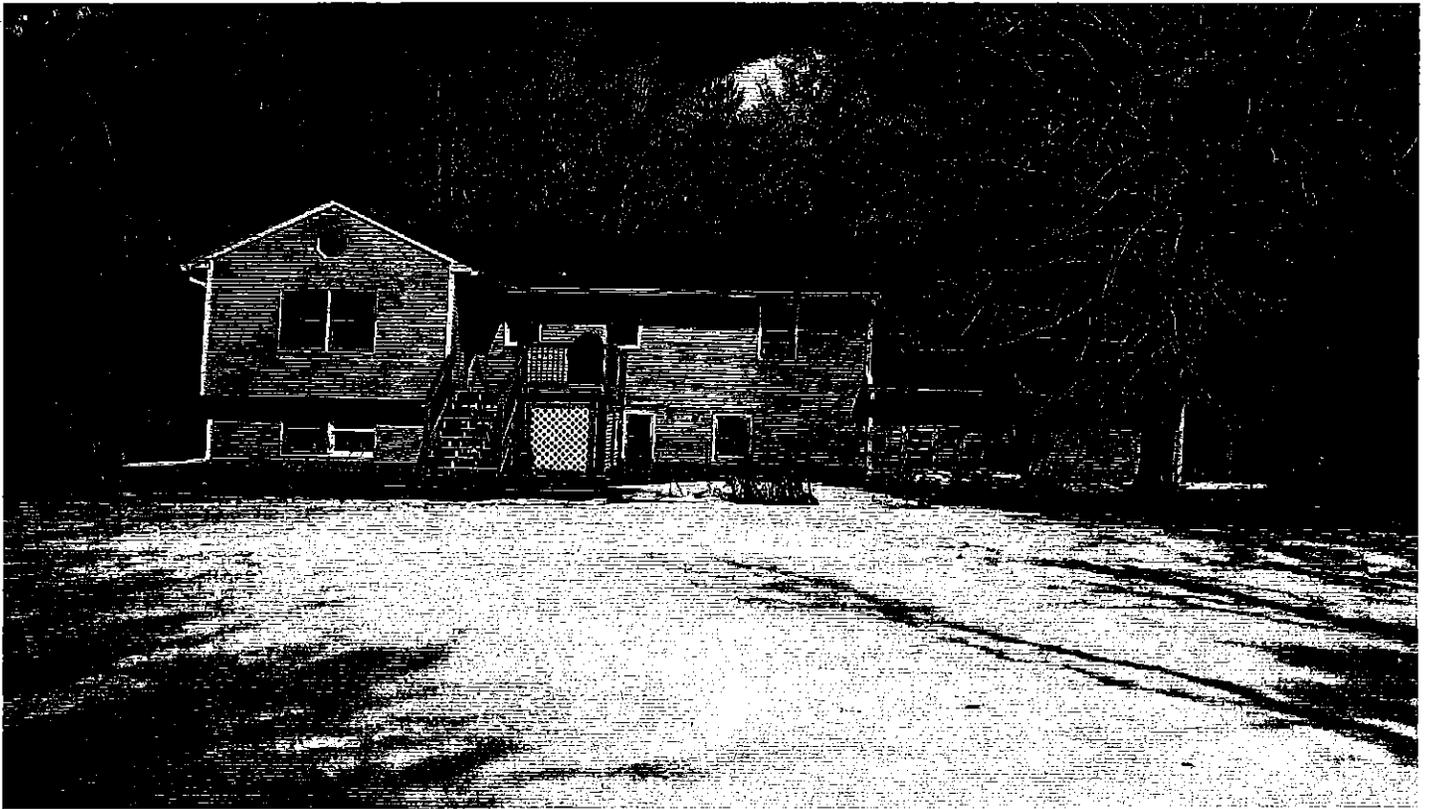
From Street  
Woodlawn Dr



Coming up Driveway



Front walk



Back