



City of Rutland

# ZONING PERMIT APPLICATION FOR HOME OCCUPATION

PO Box 969 Rutland, VT 05702 802-773-1800

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Owner (if different) \_\_\_\_\_ Owner's phone # \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Project location e-911 Address \_\_\_\_\_

What type of residential property is this? \_\_\_\_\_

What is your proposed home-based business? \_\_\_\_\_

Will you be changing anything to the building? \_\_\_\_\_

**DO YOU MEET THE CRITERIA FOR A HOME OCCUPATION? (see section 31-403 of Zoning)**

- |   |     |    |
|---|-----|----|
| Will your business be carried on wholly inside the residence or outbuilding(s)?       | YES | NO |
| Will there be more than 3 full-time employees who are not residents of the dwelling?  | YES | NO |
| Will there be any outdoor storage of materials, inventory and/or equipment?           | YES | NO |
| Will this business generate more traffic than normally expected in this neighborhood? | YES | NO |
| Will this business generate noise, smoke, odors and other disturbances to neighbors?  | YES | NO |

Area (in sq ft) of residence, including outbuildings \_\_\_\_\_

Area (in sq ft) of space to be used by home occupation \_\_\_\_\_

% of space to be used by home occupation \_\_\_\_\_ (must be less than 25%)

**I AM AUTHORIZED TO SUBMIT THIS APPLICATION. The information contained in this application is true and complete.**

\_\_\_\_\_  
Signature of Applicant or Property Owner

\_\_\_\_\_  
Date

Date received	_____
Received by	_____
\$30 fee rec'd	_____

\*\*\*SEE REVERSE SIDE FOR PERMIT DECISION\*\*\*

**ZONING PERMIT #** \_\_\_\_\_

# ZONING ADMINISTRATOR REVIEW AND DECISION

Tax Parcel # \_\_\_\_\_ Lot Size (sq ft or acres) \_\_\_\_\_ Zoning District \_\_\_\_\_

Does this meet the criteria for a home occupation? YES NO

Are any other zoning issues triggered? YES NO

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## FINAL DECISION

APPROVED Basis for approval \_\_\_\_\_

DENIED Basis for denial \_\_\_\_\_

DATE OF DECISION \_\_\_\_\_

SIGNED \_\_\_\_\_  
*Zoning Administrator*

An interested person may appeal any decision by the Zoning Administrator within 15 days of the date of such decision. This permit shall not take effect until the time of such appeal has passed.

This is a Zoning Permit only. Additional City permits for construction, signage, etc. may also be needed.

Application must obtain relevant State permits. For more info call 802-282-6488 for the Regional Permit Specialist.

Appealed? YES NO

Effective Date of Permit \_\_\_\_\_

Conditions of approval / Notes for the record

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*This space reserved for City Clerk's Recording Information*