



# TOWN OF ANDOVER

Massachusetts

Zoning Division

(978) 623-8315

36 Bartlet Street

[www.andoverma.gov](http://www.andoverma.gov)

[zoning@andoverma.gov](mailto:zoning@andoverma.gov)

Date received: \_\_\_\_\_

(Office use only)

## D/B/A "HOME OCCUPATION AFFIDAVIT"

*\$25.00 fee is due upon application*

1. Name of Applicant(s): \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Name of Property Owner(s): \_\_\_\_\_
4. Owner's Address: \_\_\_\_\_

5. Assessor's Map: \_\_\_\_\_ Town Lot # \_\_\_\_\_ Subdivision Lot # \_\_\_\_\_

6. Zoning District: (Circle One) **SRA** **SRB** **SRC** **APT** **Other:** \_\_\_\_\_

7. Business Name: \_\_\_\_\_

8. Type of Business: \_\_\_\_\_

*(Please use the reverse side of this application to describe in detail the Home Occupation and how it is operated)*

***This description must be completed before the application can be processed.***

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### **To verify conformance with the Zoning Bylaw, please complete the following:**

A. Total number of rooms on the premises: \_\_\_\_\_

B. Number of rooms used for business related purposes: \_\_\_\_\_

C. Number of non-permanent residents employed: \_\_\_\_\_

D. Does this business sell articles which are not produced on the premises? \_\_\_\_\_

Describe type and volume: \_\_\_\_\_

E. Total number of pick-up and delivery trips per week: \_\_\_\_\_

F. Average number of customers/clients on the premises per week: \_\_\_\_\_

G. Describe location and size of storage & display areas: \_\_\_\_\_

\_\_\_\_\_

H. Describe any noise, heat, vibration or other effects discernible at the property line: \_\_\_\_\_

\_\_\_\_\_

***I hereby acknowledge that I have read Sections 3.1.3.F.3 (Table of Use Regulations) & 10.0 (Definitions) of the Zoning Bylaw, and hereby attest that I shall conduct my Home Occupation in compliance with the Bylaw. I understand that non-compliance with the By-Law will be cause for an immediate CEASE AND DESIST order by the Inspector of Buildings.***

I. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

CUSTOMARY HOME OCCUPATION: Use of a room or rooms in a dwelling or accessory building operated by a person residing on the premises for the practice of a home occupation, provided that such practice does not involve: [Amended 4-30-08 ATM, Art. 30]

- (a) The use of more than 33 1/3% of the gross floor area of the building up to a maximum of 1000 gross square feet;
- (b) The signage shall conform to the Zoning Bylaw Section 5.2 Signs;
- (c) Alteration of the residential character of the premises;
- (d) Noise, heat, vibration, glare, fumes, odors or electrical or electronic interference, including interference with radio or television reception, or other objectionable effects discernible at the property line not normally associated with residential use;
- (e) The employment of more than one person not a member of the resident family;
- (f) The parking of commercial vehicles on site, except as allowed in § 3.2.1.3 and § 3.2.1.4 of the Bylaw;
- (g) Adult use (as defined in Section 10.0 of the Bylaw);
- (h) Generating any solid waste or sewage discharge in volume or type which is not normally associated with residential use in the neighborhood.

DETAILED DESCRIPTION of BUSINESS OPERATION: \_\_\_\_\_  
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**FOR TOWN USE ONLY**

**Approved / Denied**                      **Date:** \_\_\_\_\_                      **Permit #: B** \_\_\_\_\_ - \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_