

USE PERMIT APPLICATION

Applicants: Please remove and retain this page.

This page outlines the referenced zoning bylaws pertaining to home occupations. These are the laws that you will be required to comply with should you obtain a Use Permit.

145-26 A. (10)(d) The use of a room or rooms in a dwelling or building accessory thereto by a resident of the premises as an office, studio or workroom for a home occupation, provided that:

- 1) Such use is clearly incidental and secondary to the use of the premises for dwelling purposes;
- 2) Not more than two persons other than residents of the premises are regularly employed thereon in connection with such use;
- 3) No stock in trade is regularly maintained, except for the products of the occupation itself or for the goods or materials which are customarily stored, used or sold incidental to its performance; and
- 4) From the exterior of the building so used, there is not visible any display of goods or products, storage of materials or equipment, regular parking of commercial vehicles, or any other exterior indication that the premises are being utilized for any purpose other than residential (except for an accessory sign).

145-5 Definition of a Home Occupation – An activity customarily carried on by the permanent residents of a dwelling unit, inside the dwelling requiring only customary home equipment. Home occupations do not include barbershops or beauty shop nor do they involve the sale of articles produces outside the dwelling unit nor any activity involving odor, vibration, smoke, dust, heat, or other objectionable effects.

TOWN OF TOWNSEND
272 Main Street, Townsend, MA 01469



*Richard D. Hanks, CBO
Building Commissioner
Zoning Enforcement Officer*

*Office (978) 597-1709
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APPLICATION FOR USE PERMIT

PERMIT FEE: \$50.00 APPLICATION DATE: _____

APPLICANTS NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____ FAX NO.: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LOCATION OF PROPERTY: _____ ZONING DISTRICT: _____

OWNER OF RECORD: _____ TELEPHONE NO.: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

ARE THERE ANY BODIES OF WATER, STREAMS, OR SWAMP AREAS ON OR ABUTTING THIS LOT?
YES () NO ()

NAME OF BUSINESS: _____

DESCRIBE BUSINESS AND ACTIVITY THAT WILL BE CONDUCTED AT THIS LOCATION:

ARE ANY LICENSES REQUIRED: YES () NO () IF YES, LICENSE NO: _____

WILL ADDITIONAL PARKING OR EMPLOYEES BE REQUIRED: YES () NO ()

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

SIGNATURE OF BOARD OF HEALTH AGENT: _____ DATE: _____

SIGNATURE OF BUILDING COMMISSONER: _____ DATE: _____

Rick Metcalf

Richard D. Hanks

REMARKS: _____
