

# TOWN OF BOLTON

3045 Theodore Roosevelt Highway  
Bolton, VT 05676

Phone: (802) 434-5075 x 225

Fax: (802) 434-6404

## HOME BUSINESS PERMIT APPLICATION

APPLICANT:	NAME OF HOME BUSINESS (if applicable):
CONTACT INFORMATION:	LANDOWNER (If different from applicant):

DESCRIPTION OF HOME BUSINESS:

**Zoning District(s):** To find out what zoning district the parcel is in please visit <http://map.ccrpcvt.org/boltonmapviewer>

Village  Resort Village  Resort Residential  Rural I  Rural II  Forest  Conservation

TOTAL EMPLOYEES:

Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

SIGN REQUESTED?

YES Permit # \_\_\_\_\_  NO

LOCATION OF BUSINESS :

Within the principal dwelling Total SF \_\_\_\_\_  Within an accessory structure Total SF \_\_\_\_\_

MODIFICATIONS TO EXTERIOR OF BUILDING:

NO  YES Description:

OUTDOOR STORAGE, DISPLAY:

NO  YES Description:

TOTAL DAILY VEHICLE TRIPS:

OFF-STREET PARKING SPACES:

STATE PERMITS/APPROVALS/PROJECT REVIEW SHEETS:  Water/Wastewater  Solid Waste

*NOTE: Separate State permits including, but not limited to, water/wastewater, stormwater, Act 250, and Construction General Permits may be required. It is the obligation of the Applicant to contact the State Permit Specialist at 802-879-5676 prior to construction.*

**Attach a copy of a sketch plan, no smaller than 8.5" x 11," drawn to scale, that accurately depicts the following:**

- The dimensions of the lot, including existing and proposed property boundaries.
- The location, footprint, and height of existing and proposed structures showing all dimensions.
- The location and dimensions of existing and proposed accesses (curb cuts), driveways, and parking areas.
- The location of existing and proposed easements, rights-of-way, and utilities.
- Setbacks from property boundaries, road rights-of-way, surface waters, and wetlands.
- The location of existing and proposed water and wastewater systems.

# TOWN OF BOLTON HOME BUSINESS PERMIT APPLICATION

(Continued)

**Section 3.12, Performance Standards - The following performance measures, as measured at the property line, must be met and maintained for uses in all districts, except for agriculture and forestry. In determining ongoing compliance, the burden of proof shall fall on the applicant or property owner. Indicate how the proposed business, under normal conditions, will not cause, create or result in the following (attached a separate sheet if necessary):**

<p>1. <i>Noise in excess of 60 decibels (dBA) that is not the result of occasional, customary activities associated with an allowed use (e.g., lawn mowing), or as otherwise specified for a particular use; or noise that represents a significant increase in noise levels in the vicinity of the use so as to be incompatible with the surrounding area.</i></p>
<p>2. <i>Clearly apparent vibration which, when transmitted through the ground, is discernable at property lines without the aid of instruments.</i></p>
<p>3. <i>Smoke, dust, noxious gases, or other forms of air pollution which constitute a nuisance or threat to neighboring landowners, businesses or residents; which endanger or adversely affect public health, safety or welfare; which cause damage to property or vegetation; or which are offensive and uncharacteristic of the affected area.</i></p>
<p>4. <i>Releases of heat, cold, moisture, mist, fog or condensation which are detrimental to neighboring properties and uses, or public health, safety, and welfare.</i></p>
<p>5. <i>Electromagnetic disturbances or electronic transmissions or signals which will repeatedly and substantially interfere with the reception of radio, television, or other electronic signals, or which are otherwise detrimental to public health, safety and welfare (except from facilities which are specifically licensed and regulated through the Federal Communications Commission).</i></p>
<p>6. <i>Glare, lumen, light or reflection which constitutes a nuisance to other property owners or tenants, which impairs the vision of motor vehicle operators, or which is otherwise detrimental to public health safety and welfare (see Section 3.9).</i></p>
<p>7. <i>Liquid or solid waste or refuse which cannot be disposed of by available methods without undue burden to municipal or public disposal facilities, which pollutes surface or ground waters, or which is otherwise detrimental to public health, safety and welfare (see Section 3.10).</i></p>
<p>8. <i>Undue fire, safety, explosive, radioactive emission or other hazard which endangers the public, public facilities, or neighboring properties, or which results in a significantly increased burden on municipal facilities and services (see Section 3.10).</i></p>

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# TOWN OF BOLTON HOME BUSINESS PERMIT APPLICATION

(Continued)

HAVE ADEQUATE PROVISIONS BEEN MADE FOR WATER, WASTEWATER, AND THE DISPOSAL OF SOLID WASTE? ATTACH COPIES OF ALL RELEVANT STATE PERMITS, APPROVALS, AND PROJECT REVIEW SHEETS.

WATER
  WASTEWATER
  SOLID WASTE

*NOTE: Separate State permits including, but not limited to, water/wastewater, stormwater, Act 250, and Construction General Permits may be required. It is the obligation of the Applicant to contact the State Permit Specialist at 802-879-5676 prior to construction.*

SIGN REQUESTED? ATTACH SITE PLAN AND SKETCH OF SIGN.

YES (PROCEED TO #1 BELOW)
  NO (SKIP 1-4 BELOW)

<p><b>1. DIMENSIONS OF SIGN</b></p> <p>Length _____</p> <p>Width _____</p> <p>Height _____</p>	<p><b>2. CHECK ONE:</b></p> <p><input type="checkbox"/> PERMANENT</p> <p><input type="checkbox"/> TEMPORARY</p>
<p><b>3. SETBACKS</b></p> <p>Front _____</p> <p>Side _____</p> <p>Side _____</p> <p>Rear _____</p> <p>ROW _____</p>	<p><b>4. LIGHTED?</b></p> <p><input type="checkbox"/> YES HOURS: _____</p> <p style="text-align: center;"> <input type="checkbox"/> INTERNAL             <input type="checkbox"/> EXTERNAL         </p> <p><input type="checkbox"/> NO</p>

WILL THE HOME BUSINESS INCLUDE THE SALE OF GOODS?

YES Type of goods: \_\_\_\_\_

NO

*By signing below I certify that I have read and understood the requirements and standards for a home occupation as stated in the Bolton Land Use and Development Regulations. Should my application for a home business be approved, I certify that I will conform to the conditions of my permit and I understand that failure to comply with said conditions may result in a violation and potential revocation of my home business permit. I understand that my application may be referred to the Development Review Board if my application does not meet the above standards or requires additional review.*

APPLICANT SIGNATURE	DATE
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PROPERTY OWNER SIGNATURE	DATE
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RECEIVED	DATE
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<b>For Office Use Only</b>									
Permit #: _____ Date Approved: _____ Date Effective: _____ Permit Expires: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Permit Fee</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Recording Fee</td> <td style="text-align: right; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><b>TOTAL FEE</b></td> <td style="text-align: right; padding: 2px;"><b>\$</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Check #</td> <td style="padding: 2px;"><input type="checkbox"/> Cash</td> </tr> </table>	Permit Fee	\$	Recording Fee	\$	<b>TOTAL FEE</b>	<b>\$</b>	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash
Permit Fee	\$								
Recording Fee	\$								
<b>TOTAL FEE</b>	<b>\$</b>								
<input type="checkbox"/> Check #	<input type="checkbox"/> Cash								
Referred to DRB (applies to all Home Industry applications): _____									

ZONING ADMINISTRATOR SIGNATURE	DATE
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THIS PERMIT IS VALID ONLY FOR THE PROJECT AS DETAILED BELOW.