

# TOWN OF EAST GRANBY

Planning & Zoning  
9 Center Street  
East Granby, CT 06026  
Phone: 860.653.3444 Fax: 860.653.4017

## HOME OCCUPATION ZONING COMPLIANCE REVIEW

**Address:** \_\_\_\_\_

**Definition:**

**Home Occupation** - An activity customarily conducted in a dwelling unit by an occupant which:

- is clearly incidental and subordinate to the use of the dwelling for residential purposes,
- does not change the residential character of the premises in any manner, and
- does not create noise, odor, vibration, electric or radio frequency interference or unsightly conditions perceptible beyond the lot lines within which it is located.
- Home occupation shall include the sale of products grown on the premises.

**Requirements:**

- a. **Home occupation** of the resident or resident family member owner provided that:
  - no more than one (1) non-resident is engaged in the activity at the site,
  - no storage of related material or equipment is visible from any property line, and
  - vehicle parking complies with Paragraph c. below.
- b. Professional office of the resident owner or resident family member provided that no more than one (1) non-resident is engaged in the activity at the site.
- c. Off-street parking or garaging for resident's vehicle(s) subject to the following restrictions:
  - not more than one commercial vehicle with or without commercial markings or advertisement;
  - in any case, no trucks, buses, trailers, construction equipment or any other vehicles exceeding one and a half (1 1/2) ton capacity excluding unoccupied motor home, camper, or recreation vehicle may be parked, garaged, stored or displayed for sale.

Each person or persons interested in establishing a home occupation must submit an impact statement to be reviewed, approved and filed with the Planning & Zoning Office. Please attach a statement that should include the following information: Name, address, phone numbers of the applicant, nature of the business; typical equipment used in the operation, number of people employed, normal hours of operation, number of customers (trips) per day, impacts on the neighborhood regarding traffic, noise, parking, lighting etc. Any changes or revisions to any portion of the impact statement will require a new submittal for approval.

I, the undersigned, declare that the statements made in the attached statement regarding the impact of the proposed home occupation are true and factual statements to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Cc: Assessors

**Company Information**

**Company Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Employees (working at residence):** \_\_\_\_\_

**Normal Hours of Operation:** \_\_\_\_\_

**Average Number of Customers (serviced at residence) per day:** \_\_\_\_\_

**Please describe the impact of your business to the neighborhood (traffic, noise, parking, lighting, etc):**  
\_\_\_\_\_  
\_\_\_\_\_  
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