

Home Occupation Application

Town of St. Albans
Office of Zoning Administrator
PO Box 37
St. Albans Bay, VT 05481
(802) 524-7589 Ext. 100
a.johnson@stalbanstown.com



Property Owner Information

Owner Name _____

Owner Address _____

Phone Number _____ Email Address _____

Representative/Applicant Information

Name _____

Address _____

Phone Number _____ Email Address _____

Property Information

Address _____

Parcel Number _____

Detailed description of the proposed Home Occupation

Supplemental Documentation

- Provide drawings showing number and location of parking spaces and location of the business within the building. Sign permit should be applied for separately.

Property Owner's Acknowledgement: As the owner of the property described above, I hereby apply for a permit to make a change in the use or undertake the development described on this form. I understand that if this application is approved, I must post notice within view from the public right of way most nearly adjacent to the subject property for 15 days. I understand that VT law allows the Zoning Administrator 30 days to issue or deny a permit. The information and representations contained in this application are true and accurate to the best of my knowledge. My signature below constitutes permission for on-site inspection of the property described on this application.

YOU MUST CONTACT A PERMIT SPECIALIST AT THE VT DEPT. OF ENVIRONMENTAL CONSERVATION TO OBTAIN INFORMATION REGARDING VT STATE PERMITTING REQUIREMENTS AT (802) 477-2241

Signatures of Owner(s) of record

Date

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Date

Supplemental Information

Name of owner and operator of the business:

State where materials and goods will be stored:

List all employees and their home addresses:

Describe any activities that produce noise, vibration, smoke, or dust, etc.

How many vehicle trips in and out are expected daily due to the business?

----- Town Use Only -----

Application Number _____

Certificate of Compliance Required? Yes No

Application Approved

Rejected

Permit Valid _____

Permit Expires _____

Permit # _____ **Issued To** _____

Date _____

Zoning Administrator

Fees

Recording Fee _____

Zoning Permit _____

Penalty _____

Impact Fee _____

Total Fee Paid _____

Paid _____ **(date)**

Cash

Check

Card

Town Remarks/Conditions of Approval _____

**** This permit is for local approvals only. ****

Please visit <https://vermont.force.com/permitnavigator/s/> for information on State requirements.