

# PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET  
SOUTHINGTON, CONNECTICUT 06489  
PHONE: (860) 276-6248



FEE: See fee schedule

## HOME OCCUPATION APPLICATION

Date: \_\_\_\_\_ HO # \_\_\_\_\_

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_  
Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_  
Email: \_\_\_\_\_

### LOCATION OF AFFECTED PREMISES:

Street address: \_\_\_\_\_ Zone: \_\_\_\_\_

Assessor's Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Are subject premises within 500 feet of an adjacent municipality? \_\_\_\_\_

If work constitutes an alteration or extension to an existing building, describe briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give nature and description of proposal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please include 7 copies of a plan or sketch depicting the location and off-street parking in connection with the proposal. Please provide the names and mailing addresses of all abutting property owners, together with an 8 1/2 x 11 area map.

Signature of Applicant/Owner/Agent: \_\_\_\_\_

Please Print: \_\_\_\_\_

NOTES: 1. AN APPROVAL OF A SPECIAL PERMIT ONLY BECOMES EFFECTIVE AFTER PROPER NOTICE HAS BEEN PUBLISHED AND THE APPLICANT HAS FILED A COPY OF HIS/HER APPROVAL LETTER WITH THE TOWN CLERK ON THE LAND RECORDS (SEC. 8-3c OF THE CONNECTICUT GENERAL STATUTES). 2. THE APPLICANT MUST SUBMIT A STAMPED COPY (BY THE CLERK) OF THE SUBMITTAL TO THE CLERK WHICH NOTES THE VOLUME AND PAGE NUMBER IN THE LAND RECORDS WHEN APPLYING FOR A SUBSEQUENT PERMIT OR A ZONING PERMIT. 3. AN APPROVED SPECIAL PERMIT USE NOT PUT INTO EFFECT WITHIN ONE YEAR BECOMES NULL AND VOID. A SINGLE ONE-YEAR EXTENSION MAY BE GRANTED BEFORE THE APPROVAL FIRST ANNIVERSARY DATE (SECT. 8-03.3 OF THE ZONING REGULATIONS).