



TOWN OF ANDOVER MASSACHUSETTS

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200
www.andoverma.gov

Zoning Verification for Home Occupation

1. Name of Applicant: _____
2. Street Address: _____
3. Assessor's Map _____ Town Lot # _____ Subdivision Lot # _____
4. Business Name: _____
5. Type of Business: _____

(Please use the reverse side of this application to describe the Home Occupation and how it is operated)

6. Zoning District: (Circle One) **SRA** **SRB** **SRC** **APT**

To Establish Conformance with the Zoning Bylaw, Please complete the following:

- A. Total number of rooms on the premises: _____
- B. Number of rooms used for business related purposes: _____
- C. Number of non-family members employed: _____
- D. Does this business sell articles which are not produced on the premises? _____
 Describe type and volume: _____
- E. Total number of pick-up and delivery trips per week: _____
- F. Average number of customers/clients on the premises per week: _____
- G. Describe location and size of storage & display areas: _____

- H. Describe any noise, heat or vibration discernible at the property line: _____
- I. Signature: _____ Date: _____ Phone# _____

I hereby acknowledge that I read Section 3.1.3.F.3 of the Zoning By-Law, and hereby attest that I shall conduct my Home Occupation in compliance with the By-Law. I understand that non-compliance with the By-Law will be cause for an immediate CEASE AND DESIST order by the Inspector of Buildings.

****This description must be completed before the application can be processed.
\$25.00 fee will be collected when the letter is prepared***