



TOWN OF ANDOVER, MASSACHUSETTS

Zoning Division
(978) 623-8627
36 Bartlet Street

www.andoverma.gov
zoning@andoverma.gov

Date received: _____

(Office use only)

“CUSTOMARY HOME OCCUPATION” AFFIDAVIT

\$25.00 fee is due upon application

1. Name of Applicant(s): _____
2. E-mail: _____
3. Phone: _____
4. Street Address: _____
5. Assessor’s Map #: _____ Town Lot #: _____ Subdivision Lot #: _____
6. Zoning District: **SRA** **SRB** **SRC** **APT** **Other:** _____
7. Name of Property Owner(s): _____
8. Owner’s Address: _____
9. Owner’s E-mail & Phone: _____
10. _____
11. Business Name: _____
12. Type of Business: _____

NOTE: Any change in name(s), address or nature of business requires a new affidavit.

- A. TOTAL number of ALL rooms on the premises (exclude bathrooms): _____
- B. Number of rooms used for business related purposes: _____
- C. Number of employees: _____
- D. Does this business sell articles that are not produced on the premises? _____
Describe type and volume: _____
- E. Total number of pick-up and deliveries 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, vibration or other effects discernible at the property line: _____

- I. Describe the business and how it is operated in detail: _____

Andover Zoning Bylaw, Article VIII, § 3.1.3.F.3:

APPENDIX A

TABLE 1

**Section 3.1.3 – Table of Use Regulations
(continued)**

Most of the following uses in Table 1 below are defined in Section 10 of this by-law. See Section 10 and other sections referenced in the first column of this table for additional provisions.

Key to symbols used in Table 1:

- Y – A permitted use
- N – A prohibited use
- BA – Special Permit/Board of Appeals
- PB – Special Permit/Planning Board
- BOS – Special Permit/Board of Selectmen

	Residential Districts				Business Districts				Industrial Districts			
	SRA	SRB	SRC	APT	LS	OP	GB	MU	IG	IA	ID	ID2
8. Cemetery	BA	BA	BA	N	N	N	BA	N	N	N	N	N
F. Accessory Uses (See Section 3.2)												
1. Family day care, small	Y	Y	Y	BA	Y	Y	Y	Y	Y	Y	Y	Y
2. Family day care, large	N	N	N	N	N	N	N	N	N	N	N	N
3. Customary home occupation	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N

Section 10 (Definitions) **CUSTOMARY HOME OCCUPATION:** Use of a room or rooms in a dwelling or accessory building operated by a person residing on the premises for the practice of a home occupation, provided that such practice does not involve: [**Amended 4-30-08 ATM, Art. 30**]

- (a) The use of more than 33 1/3% of the gross floor area of the building up to a maximum of 1000 gross square feet;
- (b) The signage shall conform to the Zoning Bylaw Section 5.2 Signs;
- (c) Alteration of the residential character of the premises;
- (d) Noise, heat, vibration, glare, fumes, odors or electrical or electronic interference, including interference with radio or television reception, or other objectionable effects discernible at the property line not normally associated with residential use;
- (e) The employment of more than one person not a member of the resident family;
- (f) The parking of commercial vehicles on site, except as allowed in § 3.2.1.3 and § 3.2.1.4 of the Bylaw;
- (g) Adult use (as defined in Section 10.0 of the Bylaw);
- (h) Generating any solid waste or sewage discharge in volume or type which is not normally associated with residential use in the neighborhood.

*By signing below, I hereby acknowledge that I have read Sections 3.1.3.F.3 (Table of Use Regulations) & 10.0 (Definitions) of the Zoning Bylaw (above), and attest that I shall conduct my Customary Home Occupation (Home Based Business) in compliance with the Bylaw and as represented on this application
I understand that false statements, changes in the nature or operation of the business or non-compliance with the Bylaw will be cause for an immediate **CEASE AND DESIST** order by the Inspector of Buildings.*

IF applicant is not the legal property owner as recorded at the Registry of Deeds, then the property owner MUST sign this form.

Applicant's Certification: I, _____, attest that I am a full-time resident of this property and that all statements are true.

Applicant's Signature: _____ Date: _____

Property Owner's Certification: I, _____, attest that I am the legal owner of this property. I attest that, _____, is a full-time resident of this property and I grant them permission to conduct the business described herein at this residence.

Property Owner's Signature: _____ Date: _____

FOR TOWN USE ONLY

Approved / Denied

Date: _____

Permit #: Z-20-_____

Inspector's Signature: _____