



Town of East Hampton
 Land Use Department
 1 Community Drive, Suite 106
 East Hampton, CT 06424
 (860) 267-7450 www.easthamptonct.gov

<i>For Office Use Only</i>	
Fee: \$25	
Paid Cash	<input type="radio"/>
Paid Check	<input type="radio"/> # _____
Date Paid:	_____
App #: Z -	_____

HOME BASED BUSINESS APPLICATION

<u>Property Location</u> <i>(Please Complete All)</i>	
Street Address of Parcel: _____	
Map _____ Block _____ Lot _____	Current Use: _____ Zone: _____
Acres: _____ Square Feet: _____	Sewer <input type="radio"/> Septic <input type="radio"/> Unknown <input type="radio"/>

<u>Property Owner</u>	<u>Applicant (if different)</u>
Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

<u>Business Proposal</u>	
Description of Business: _____ _____	
Any new construction proposed? <input type="radio"/> Yes <input type="radio"/> No	If yes, a separate Zoning Application is required.
Is a sign being installed? <input type="radio"/> Yes <input type="radio"/> No	If yes, what size? _____ (Show location on site plan)
Will Customers Appear On-Site? <input type="radio"/> Yes <input type="radio"/> No	If yes, about how often and how many? Explain: _____
Number of Non-Resident Employees: _____	Proposed Hours of Operation: _____
Number of Commercial Vehicle Stored: _____	Number of Parking Spaces Proposed: _____

A COMPLETE APPLICATION CONSISTS OF:

- ___ Complete Application Form
- ___ Site Plan
- ___ Floor Plan of Buildings Proposed for Use
- ___ Fee

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SITE PLAN MUST BE SUBMITTED AT TIME OF APPLICATION

**THE ZEO RESERVES THE RIGHT TO REQUIRE AN AS-BUILT SURVEY AS A CONDITION OF ANY APPROVAL ISSUED
 ANY FALSE STATEMENT OR ANY APPROVALS GAINED BY SUCH STATEMENT WILL RENDER APPROVAL NULL & VOID**