53 East Colonial Highway
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Home Occupation Permit

Town of Hamilton

Daniel S Galindo, AICP
Zoning Administrator
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In accordance with Article 3, Section 1.3 of the Hamilton Zoning Ordinance, an occupation conducted in a dwelling unit may be approved for a Home Occupation Permit, provided that:

1. The occupational activity must be clearly secondary to the principal use as a residence.
2. Not more than 25 precent of the floor area of themain buil;ding shall be devoted to such activity.
3. Nore more than one non-resident employee shall be employed on the premises in the conduct of the activity.
4. There shall be no signs, other than one non-illuminated sign not exceeding two squre feet in area attached to the building, and no displays or alterations to the exterior of the building that would distinguish it a sbeing devoted to any non-dwelling use.
5. There shall be no group instruction or assembly, no housing of persons for compensation, no repair of vehicles and no product offered for sale or stored other than that which is incidental to a service rendered directly to persons on the premises.
6. No mehcanical equipment or machinery shall be used in the conduct of the activity that projeces noise, smoke, odor, vibration or other effects discernable beyone the property lines.
7. No commercial vehicles associated with the home occupation shall be allowed on the property.

Approval by the Zoning Admministrator is required. Any occupation deemed questionable in use may be referred to the Plasnning Commission and Town Council. When the proposed home occupation is within an approved, recorded subdivision, all uses must comply with the Restrictive Covenants, if any, and if required, be approved by the developer and/or homeowners association.

Date _____ PIN _____ Zoning District _____

Property Address _____

Description of Business Activity _____

_____

I, the undersigned, do hereby certify that I have read the above and agree to comply with all aspects of the regulations.

_____ _____
Applicant's Name (print) Applicant's Signature

_____
Phone Number

For Town Use Only

☐ Business License Filed (BPOL#_____) ☐ Fees Paid Amount $ _____

Zoning Administrator's Approval	Date
Comments:	
	Permit #