LYNDEBOROUGH PLANNING BOARD

PO Box 6 Lyndeborough, NH 03082 **Tel: (603) 654-5955**

HOME BUSINESS APPLICATION

Date: _____

Name: _____ Telephone _____ e-mail _____

Address of Home Business _____ Map____Lot____

Property Owner Information (if other than applicant)

Owner: _____ Telephone _____

Address: _____

Description of Home Business: _____

_____

_____

_____

HOME BUSINESSS. The Town of Lyndeborough encourages the establishment of home businesses that are compatible with the residential character of the neighborhood. A home business may serve as an incubator to allow businesses to start up. However, a home occupation shall be incidental to the use of the site for residential purposes.

1200.00 Village, Rural Lands One, Two and Three districts

Is the home business incidental and secondary to the use of the dwelling unit as a residence?	☐ Yes ☐ No
Is the home business operated in the residence or in an accessory structure?	☐ Yes ☐ No
Will the home business occupy less than one third (1/3) of the floor area in the residence?	☐ Yes ☐ No
Will the home business be carried on exclusively by the resident owner, resident members of the owner's family, a resident tenant, or resident members of the tenant's family?	☐ Yes ☐ No
Will more than two non-resident employees be on the premises at one time?	☐ Yes ☐ No
Will additions or changes be made to the residence?	☐ Yes ☐ No
Will noise, vibration, dust, smoke, electrical disturbances, odors, heat, glare, visual disharmony or other	☐ Yes ☐ No

emissions be produced?

Will hazardous materials be produced or stored at the site of the home business? ☐ Yes ☐ No

Will there be an exterior display or storage of materials and equipment? ☐ Yes ☐ No

Will the home business generate additional traffic in the neighborhood? ☐ Yes ☐ No

Is sufficient off-street parking available for non-resident employees, customers and suppliers who may normally be expected to need parking spaces at one time? ☐ Yes ☐ No

Will the home business have a sign? ☐ Yes ☐ No

1200.01 Rural Lands One, Two and Three Districts.

Will the home business be evident from the road or other public right-of-way? ☐ Yes ☐ No

Will materials or equipment stored outside be visible from adjacent public rights-of-way and properties? ☐ Yes ☐ No

Will there be any retail sales not related to this home business? ☐ Yes ☐ No

Will separate structures be constructed or placed to accommodate the home business? ☐ Yes ☐ No

Owner / Applicant Certification

The signature(s) below certifies that the information provided on this form is in all respects true and accurate to the best of my (our) knowledge and belief. I agree that I have read the Zoning Ordinance requirements concerning Home Businesses, understand the described regulations and agree to abide by them. I also understand that should the Home Business change or become a nuisance, hazard or unreasonably interfere with the quiet enjoyment of other people's premises, this Home Business Permit will be revoked.

Owner: _____ **Applicant:** _____

Planning Board Approval

☐ Approved ☐ Denied ☐ Exempt *Note: Exemptions require a Home Business Exemption form be completed.*

Planning Board: _____ Date: _____

Comments: _____

_____

_____

LYNDEBOROUGH PLANNING BOARD

PO Box 6 Lyndeborough, NH 03082 **Tel: (603) 654-5955**

HOME BUSINESS EXEMPTION

Business Name: _____

Owner Name: _____

Address: _____

Phone: _____

Specific Description of Home Business: _____

_____

_____

- -

I hereby certify that my home business qualifies for exemption from Section 1200.00 of the Town of Lyndeborough Zoning Ordinance.

Reason for Exemption: _____

_____

I understand that if circumstances change and my home business no longer qualifies for this exemption I will immediately submit a new Home Business Application through the Planning Board.

_____ _____

Signature of Owner Date

Accepted Revision Date 10/7/04