# *LYNDEBOROUGH PLANNING BOARD*

**9 Citizens' Hall Road, 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 emissions be produced?** ☐ Yes ☐ No

**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: _____

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