

Town Hall  
157 Main Street  
Epping, NH 03042



Tel: (603) 679-5441  
Fax: (603) 679-3002

## Town of Epping, New Hampshire HOME OCCUPATION PROCEDURE

Complete the attached application. The following information is to accompany the application:

1. A check for:
  - a. Application fee..... \$40.00
  - b. Certified Notice to Abutters.....each \$10.00  
To include applicant
  - c. Newspaper (Legal Notice).....each item \$100.00
2. Three sets of labels with abutters & applicants name and address. Label size must not exceed 1" tall by 2.75"long.
3. A sketch or plan showing all existing structures, facilities, roads, driveways, existing parking areas.
4. An interior sketch of the dwelling showing the existing floor plan and the area to be used for the business.
5. Copies of all State permits and/or restrictions (if applicable).

All applications will be reviewed by the **Chief of Police, Code Enforcement Officer, and Town Administrator**. If warranted, a site inspection will be scheduled with the applicant prior to the public hearing. All comments and/or recommendations will accompany the application.

Abutters will be notified by certified mail, the time and place of the applicant's public hearing. These notices will be mailed twelve (12) days prior to the public hearing.

The Board of Selectman will schedule a public hearing where at the close of same, the Board will render a decision on the application in writing.

NOTE: All existing Home Occupations will be considered a **Grandfathered Business**, only after said business has been certified as to be in existence and in continued use since **March 14, 1989**. This business must register with the Selectmen's Office through a Home Occupation application, which is to be reviewed and approved by the Board of Selectmen as being **Grandfathered**.

Town of Epping  
Home Occupation

PERMIT APPLICATION

Date: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Lot: \_\_\_\_\_

NAME OF APPLICANT/RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME OF HOME OCCUPATION: \_\_\_\_\_

TYPE OF HOME OCCUPATION: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF PARKING SPACES NEEDED: \_\_\_\_\_

DESCRIBE THE USE OF YOUR PROPOSED HOME OCCUPATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>IS THIS APPLICATION TO BE REVIEWED FOR APPROVAL AS BEING GRANDFATHERED? YES _____ NO _____</b>
---

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

DISAPPROVED: \_\_\_\_\_

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

DATE: \_\_\_\_\_

## **Town of Epping Home Occupation**

### Definition:

A home occupation is a professional or service occupation or business carried out from the home which is clearly accessory and subordinate to the residential use of the property.

### Criteria for Home Occupation:

- A home occupation is to be located within the principle dwelling unit or in a building structure which is accessory to the principle dwelling unit.
- The exterior of the building must not create or display any evidence of the home occupation, except a permitted sign. Variation from the residential character is prohibited.
- A home occupation must not utilize more than twenty-five percent (25%) of the gross floor space area, including basement and accessory structures of the principle structure.
- No more than two (2) non-residents may be employed with the Home Occupation.
- No more than two (2) commercial motor vehicles may be parked overnight.
- No more than two (2) pieces of large/heavy commercial equipment (front-end loader, bulldozer, excavator, skid steer, backhoe, etc.) may be parked overnight.
- Adequate off-street parking must be provided for the Home Occupation.
- The Home Occupation must be owned and operated by the resident of the dwelling.
- The Home Occupation must not offend by emitting smoke, dust, odor, noise, gases of any type, fumes of any type, glaring lights, refuse matter of any type or stockpile material.

### Permitted Uses:

Not more than one Home Occupation is permitted as part of the residential dwelling unit or its accessory structure. Such use shall be clearly accessory and subordinate to the principle dwelling unit.

1. Professional offices: medical, dental, legal, engineering, architectural offices, bookkeepers, accountants, secretarial services, insurance offices.
2. Tailor or seamstress.
3. Daycare centers (childcare or elderly)
4. Sale and display of arts and crafts.
5. Barber shops and beauty shops.
6. Hobby and antique shops.
7. Plumbers, electricians, heating/air conditioning, communication, computer, carpentry, and landscaping businesses.
8. Occupations not listed above that are of a similar nature and only if the Board of Selectmen find that the occupation meets the provisions of this section.

Signage: Prior to the installation of a sign, a permit must be obtained and approved through the Community Development and Planning Office. The sign must meet all sign regulations for the zone in which the Home Occupation is located.

Permit Required: All Home Occupations must obtain a permit from the Board of Selectmen prior to opening.

# Town of Epping, NH

Incorporated 1741

OFFICE OF THE TOWN ADMINISTRATOR  
TOWN HALL  
157 MAIN STREET  
EPPING NH 03042

TELEPHONE  
VOICE 603.679.5441  
FAX 603.679.3002

E-MAIL: ADMINISTRATOR@TOWNOFEPHING.COM

## PERMIT

### APPLICATION OF PEDDLERS/VENDORS LICENSE

#### PLEASE PRINT

Name of Applicant: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

Name & Address of Owner if other than Applicant: \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Location for sale of goods: \_\_\_\_\_

Product (s) to be sold: \_\_\_\_\_

Are they produced or grown by Applicant? \_\_\_\_\_

Requested Effective Dates of Operation. FROM \_\_\_\_\_ TO: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

#### THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

- Description & photograph of stand or motor vehicle being used: Yes \_\_\_\_\_ No \_\_\_\_\_
- Motor vehicle registration & license plate number: Yes \_\_\_\_\_ No \_\_\_\_\_
- Certificate of Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_
- Copy of State License issued to Applicant pursuant to provisions of RSA 320:8, or signed statement claiming exemption therefrom: Yes \_\_\_\_\_ No \_\_\_\_\_
- Copy of positive identification: Yes \_\_\_\_\_ No \_\_\_\_\_



**LICENSE FEES**

**DATE PAID**

\$10.00 PER WEEK TO PEDDLE OTHER THAN FROM A MOTOR  
VEHICLE, NOT TO EXCEED ONE WEEK IN DURATION.....

\_\_\_\_\_

PEDDLER - \$200.00 PER YEAR PER VEHICLE TO PEDDLE FROM  
A MOTOR VEHICLE.....

\_\_\_\_\_

VENDOR - \$200.00 PER YEAR TO VEND FROM A FIXED LOCATION

\_\_\_\_\_

VENDOR - \$25.00 FOR ONE DAY TO VEND FROM A FIXED LOCATION

\_\_\_\_\_

VENDOR - \$200.00 PER YEAR PER VEHICLE TO VEND FROM A  
MOTOR VEHICLE.....

\_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND  
CORRECT:**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**NOTE: ANNUAL LICENSES EXPIRE AT MIDNIGHT ON DECEMBER 31<sup>ST</sup>, AND  
MAY BE REVOKED FOR JUST CAUSE.**

\*\*\*\*\*

**BOARD OF SELECTMEN**

\_\_\_\_\_

**APPROVED:** \_\_\_\_\_

\_\_\_\_\_

**DISAPPROVED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_