

# Town of Somerset

## Zoning Board of Appeals Application for Special Permit- In-Home Occupation

📍 **Return Completed Application To:**

*Office of the Town Planner*  
Somerset Town Office Building  
140 Wood Street, Somerset, MA  
(508) 646-2809

✉️ [Amessier@town.somerset.ma.us](mailto:Amessier@town.somerset.ma.us)

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### 1. Applicant Information

- Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Email: \_\_\_\_\_

### 2. Property Information

- Owner of Record (if different): \_\_\_\_\_
- Property Address: \_\_\_\_\_
- Assessor's Map & Lot #: \_\_\_\_\_
- Zoning District: \_\_\_\_\_
- Present Use of Premise: \_\_\_\_\_
- Proposed Use of Premise: \_\_\_\_\_

### 3. Project Description

- Describe the proposed in-home occupation (type of business, services offered & any proposed alterations):  
\_\_\_\_\_  
\_\_\_\_\_

- Location within the dwelling (attach floor plan highlighting area to be used):  
\_\_\_\_\_

- Total square footage of dwelling: \_\_\_\_\_
- Square footage of area to be used for business: \_\_\_\_\_

### 4. Operations

- Number of employees (including applicant): \_\_\_\_\_

- Expected customer/client visits per week: \_\_\_\_\_
  - Proposed hours of operation: \_\_\_\_\_
  - Equipment or materials to be stored/used on site: \_\_\_\_\_
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## 5. Parking & Traffic

- Will additional parking be required?  Yes  No
  - If yes, describe proposed parking arrangement:
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## 6. Additional Information (check all that apply)

- No exterior evidence of business use (other than permitted signage)
- No change to residential character of dwelling
- No hazardous materials stored on site
- Home occupation complies with all applicable local, state, and federal regulations

## 7. Attachments Required

- This completed Application (Tax & Water Form, Authorization Form; Customary In-Home Occupation Checklist).
- Abutters List (obtained from Assessor's Office)
- Blank mailing envelopes and stamps (corresponds with number of abutters)
- Filing Fee (\$75.00) *must* be a check, made out to the "Town of Somerset"
- Any additional materials supporting application

## 8. Applicant Certification

I hereby certify that the information submitted in this application is true and complete to the best of my knowledge. I understand that incomplete applications may be deemed insufficient and may delay scheduling of a hearing.

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Property Owner (if not applicant):**

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

# Checklist for Customary Home Occupation Applications

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*Special Conditions: For the purposes of this section, a customary home occupation shall be an occupation conducted in a dwelling and may include, but need not be limited to activities such as an art studio, insurance/real estate office, catering, teaching of not more than four (4) pupils simultaneously, or in the case of musical instruction, not more than one (1) pupil at a time, beauty parlor, office-related work, but not including parking of trucks or trailers, or storage of equipment or materials in conjunction therewith, except for one (1) commercial vehicle.*

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By checking the following, I hereby certify that I meet the specific requirements of the Somerset Zoning By-Law Section 7.6A:

1.  No more than three (3) persons shall be engaged in such activities.
2.  Business will be conducted **entirely within the principal dwelling** or an accessory structure.
3.  There shall be no exterior features not customary in buildings for residential use.
4.  The use of the dwelling shall remain **incidental/ subordinate** to the residential use by its occupants, and **not more than 25%** of floor area of the dwelling shall be used in the conduct of the home occupation.
5.  There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation other than signs permitted under [By-Law] subsection 6.5.1
6.  There shall be no sale of merchandise other than that produced on the premises using equipment customarily found in a home.
7.  No traffic shall be generated by such home occupation in greater volumes than normally expected in a residential neighborhood, and **any need for parking generated by such home occupation shall be met off-street** and not in the required front yard.
8.  No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors or electric interference detectable to the normal senses off the lot.
9.  Not more than one commercial vehicle used in connection with such home occupation shall be stored on the premises, and an off-street parking space shall be provided for such a vehicle.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

# ZONING BOARD OF APPEALS – OWNER AUTHORIZATION FORM

I, the undersigned, am the **owner of record** of the property located at:

**Property Address:** \_\_\_\_\_

**Assessor's Map / Lot Number:** \_\_\_\_\_

I hereby authorize the following individual to act as my representative in connection with the submission and processing of an application before the **Somerset Zoning Board of Appeals**:

**Authorized Applicant/Representative:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This authorization includes, but is not limited to, the ability to submit applications, provide supporting documentation, attend public hearings, and speak on my behalf regarding the proposed project.

**Property Owner Information (Required):**

Name (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# TAX & WATER DEPARTMENT SIGN-OFF FORM

*This form must be completed by both Departments prior to submitting a Zoning Board of Appeals Application, their locations are as follows:*

*Tax Office: 140 Wood Street, 1<sup>st</sup> floor*

*Water Department: 3256 County Street*

**Property Address:** \_\_\_\_\_

**Map & Lot Number:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

**Address of owner:** (if different from property address) \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

I certify that the owner/applicant listed above has no outstanding Tax or Water bills due to the Town of Somerset for ANY property owned or jointly owned by the owner/applicant.

**Tax Collector's Office, Town of Somerset:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Water Department, Town of Somerset:** \_\_\_\_\_ **Date:** \_\_\_\_\_