



TOWN OF WARNER PLANNING BOARD

P.O. Box 265

Warner, New Hampshire 03278-0059

Telephone: (603) 456-2298, ext. 7

Fax: (603) 456-2297

Application for a HOME OCCUPATION - Conditional Use Permit

Please note that this application is subject to NH RSA 91-A which affords the public access to this information.

No new Home Occupation may be conducted or existing legally established Home Occupation expanded without first obtaining a Conditional Use Permit from the Planning Board.

NAME OF APPLICANT: Daniel Reidy

ADDRESS: 56 Yeasavage rdn Rd

(optional) PHONE : 860 3721 (optional) E-MAIL: danreidydear@gmail.com

OWNER(S) OF PROPERTY: Daniel Reidy & Margi Lord

ADDRESS: Same

(optional) PHONE : _____ (optional) E-MAIL: _____

AGENT NAME: N/A

ADDRESS: _____

(optional) PHONE : _____ (optional) E-MAIL: _____

PROFESSIONAL(S) INVOLVED: Same

STREET ADDRESS & DESCRIPTION OF PROPERTY: 56 Yeasavage rdn Rd

single family residence with out buildings

MAP # 310 LOT # 46 F1 ZONING DISTRICT: R1 Village district

PROPOSED USE: To periodically and seasonally, from spring thru fall conduct the sale of antiques and home furnishings.

• IS THIS A MODIFICATION TO A PREVIOUSLY APPROVED HOME OCCUPATION Y/N No

• DETAILS OF REQUEST: *Indicate number of separate pages attached, if necessary* _____

• Submit scaled drawing or sketch showing where applicable: buildings, driveway, parking, signage, exterior lighting, exterior storage, vehicles, equipment, screening, and other applicable features.

• Indicate building(s) area, area of Home Occupation use (show area of use on drawing or sketch).

• Number of employees including yourself and employee hours of work per week

Two homeowners

• Hours of operation open 1-2 weekends or "long holiday weekends" per month from spring thru fall months, daylight hours only

and generally no earlier than 8AM - 5PM

Complete the following checklist and submit with application

Review Zoning Ordinance Article IV General Provisions, section P. Home Occupation prior to completing Review item P.4 for some home situations not considered a Home Occupation.

P2. All Home Occupation types must meet the following –

Check items which comply with this use (where applicable, indicate items which apply to P.3):

- a. The use does not change either the character of the dwelling as a residence or the character of the neighborhood in which the Home Occupation is established;
- b. The use shall be carried out entirely within the dwelling or an accessory building located on the same premises as the dwelling.
- c. The use is capable of being unobtrusively pursued;
- d. The use is clearly incidental and subordinate to the dwelling use;
- e. The use is conducted by the legal resident of the dwelling;
- f. The use utilizes an area (either in the dwelling or in an accessory building) of not more than twenty-five (25%) of the total floor area of the dwelling (including any functional basement).
- g. There shall be no display of goods or wares visible from the street.
- h. No outside storage of equipment shall be allowed in connection with the Home Occupation.
- i. The dwelling or accessory building in which the Home Occupation is conducted shall not be rendered objectionable to the neighborhood because of exterior appearance, emission of odors, gas, smoke, dust, noise, electrical disturbance, hours of operation or in any other way.
- j. There are no on-premise contractors related to the occupation use
- N/A k. In a multi-family dwelling, the Home Occupation uses shall in no way become objectionable or detrimental to any residential use within the multi-family dwelling. The use shall not include features of design not customary in buildings for residential use.
- l. The use creates no nuisance nor any environmental, health or safety concerns;
- m. The use shall not create a traffic safety hazard, nor shall it result in a substantial increase in the level of traffic congestion in the vicinity of the dwelling.
- n. The use shall not involve the use, production, or storage of any hazardous (as defined by the State of New Hampshire) materials.
- o. All Building Code requirements shall be met;
- N/A p. The Septic system shall meet NH State and Town of Warner requirements.
- q. The Conditional Use Permit for a Home Occupation shall be nontransferable, and shall automatically expire when the applicant(s) is no longer the legal resident of the dwelling.
- N/A r. A nonconforming Home Occupation use must have been legally established prior to any zoning ordinance that restricts such use.
- N/A s. Childcare may be permitted as a Home Occupation but shall also comply with other requirements of this Ordinance.
- N/A t. The sales, rental, maintenance or repair of automobiles, motor vehicles or small engines shall not be permitted as a Home Occupation.
- N/A u. Restaurants or onsite purchase of meals are not permitted as a Home Occupation.

P3. Home Occupation Plan Review with a public hearing is required for all Home Occupation types where any of the following occur. All other requirements of item #P.2 not addressed as follows shall also be met.

Check which items apply to this use:

- a. The use entails contact with the general public or clients at the premises. Provide off-street parking for customer/clients and non-resident employees.
- b. The use has on-premise employees, however it shall not employ more than the equivalent of one full time (40 Hours) person not dwelling on the premises.
- c. There is Home Occupation signage (not to exceed 2 foot by 2 foot in size) complying with this Ordinance.
- d. There are commercial vehicles in connection with the Home Occupation stored on the premises. In connection with Site Plan Review, the Planning Board may require that any parking area associated with or needed for the Home Occupation be effectively screened from abutting and facing residential properties by appropriate fencing or landscaping.
- e. For the Home Occupation Plan Review provide as applicable a scaled sketch layout of the site, building elevations or pictures, floor plan, sign locations, vehicle information, use description, exterior changes, abutters list, and any other pertinent information. Pay for abutter's notifications, advertising, and scheduled fees prior to the public hearing.

P4. A Home Occupation Application is not required for a home office, hand craft creation, or telecommuting type uses provided all the following are met:

- a. All the requirements of item #P.2 are met
- b. The use is a home office, hand craft creation, or telecommuting
- c. There are no on-premise public, clients, or employees not dwelling in the home
- d. The use is conducted by the resident of the dwelling
- e. There is no signage related to its use
- f. There are no regular deliveries/pick-ups
- g. There are no business or commercial vehicles

Authorization/Certification from Property Owner(s)

By submitting this application I (We) hereby authorize and understand that agents of the Town may visit the site without further notice. I (We) further understand the Planning Board may at some point during the review process schedule a Site Visit, which will be duly posted.

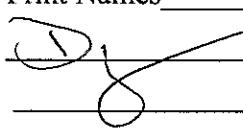
I (We) understand that the Planning Board will review the plan. A Public Hearing shall not be held until the Planning Board determines if the application is complete.

To the best of my knowledge, the information provided herein is accurate and is in accordance with the Town of Warner Zoning Ordinance, other land use regulations of the Town, and other applicable state and federal regulations which may apply.

All sections of this application must be completed, including Owners Authorization/Certification, Abutters List, and Checklist.

(optional): I (We) hereby designate _____ to serve as my agent and to appear and present said application before the Warner Planning Board.

Signature of Property Owner(s):

Print Names DANIEL F REIDY
 Date: 2/23/22

(signatures of all owner's listed on deed are required)

Signature of Applicant(s) (if different from Owner):

Print Names _____

Date: _____
Date: _____

For Planning Board Use Only

Date Received at Town Office: _____

Received By: _____

Fees Submitted: Amount: _____ Cash: _____ Check #: _____ Other: _____

Abutter's List Received: Yes _____ No _____

Date of Review: _____ Date of Hearing: _____ Date Approved: _____