



Town of Oak Bluffs

Building/Zoning Office
56 School Street, P.O. Box 1327
Oak Bluffs, MA 02557
508.693.3554 Ext 123
buildingadmin@oakbluffsma.gov

HOW TO APPLY FOR A HOME BASED BUSINESS

Dear Town Resident:

Home based businesses have strict requirements to be allowed by right and allowances to operate under guidelines for special permitting with the Board of Selectmen. Listed below are the by-law regulations allowing businesses to be operated from a residence. Please review the regulations and fill out the enclosed application accordingly. All applications will be reviewed by the Building Office Staff for accuracy and completeness.

No certificate of conformance will be issued until proof of business certification has been established with the Town Clerk, a site visit has been performed and all fees, documents and review procedures have been completed.

Please read carefully the parameters by which each type of home based business is allowed. Fill out the following application completely and submit to the Zoning Administrator. The filing fee is \$10.00. The Certificate of Conformance fee is \$40.00 payable to the town clerk.

A BUSINESS ALLOWED BY RIGHT

1. Does not store externally any materials, supplies or equipment.
2. Does not park overnight more than 2 commercial vehicles weighing less than 15K GVW.
3. Is conducted solely within the residence by the homeowner.
4. Is clearly secondary to the residential use of the premises.
5. Does not produce any kind of offensive noise, vibration, dust, odors, heat, lighting or any other Forms of environmental pollution
6. Does not promote its presence or varies the home's appearance from that of the neighborhood.
7. Does not produce daily or frequent traffic to the residence caused by customers, pupils or clientele or package delivery.
8. Has no nonresident employees.
9. Must be registered as a business with the Town Clerk.

A BUSINESS ALLOWED BY SPECIAL PERMIT

1. Requires storage of related materials, supplies or equipment on land less than 2 acres.
2. Operates and/or parks overnight more than 2 commercial vehicles weighing less than 15K GVW.
3. Operates and/or parks overnight up to 2 commercial vehicles weighing between 15 and 26 thousand pounds GVW.
4. Is clearly secondary to the residential use of the premises.
5. Does not produce any kind of offensive noise, vibration, dust, odors, heat, lighting or any other forms of environmental pollution.
6. Employees up to 3 nonresident employees.
7. Requires periodic traffic to accommodate customers, pupils or clientele or package delivery.
8. Requires off street parking up to 5 spaces.
9. Has up to 1 permitted sign.
10. Produces on premises all principal retail, wholesale and rental items only.



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HOME BUSINESS APPLICATION

Fee: _____ Paid: Cash/ Check # _____ Date: _____ Application # _____ Permit # _____

MAP _____ PARCEL _____ LOT SIZE _____ (sq ft), ZONE _____ YRS. OWNED _____

Applicant's Name: _____ Name of Business: _____

Home Street Address: _____ Mailing Address: _____

Phones: _____ E-Mail: _____

TYPE OF BUSINESS/ WHAT DO YOU DO: _____

Describe Outside Storage of related materials, supplies, or equipment: _____

Number of business related vehicles needed to be parked overnight at residence: _____ or NONE ()

Vehicle #1 - Make _____ Model _____ Year _____ Gross Vehicle Weight _____

Vehicle #2 - Make _____ Model _____ Year _____ GVW _____

Vehicle #3 - Make _____ Model _____ Year _____ GVW _____

Vehicle #4 - Make _____ Model _____ Year _____ GVW _____

Other: _____

Residence's gross square footage: _____ Square footage for business use in home: _____

Number of resident employees: _____ How Many of nonresident employees: _____

Traffic (Please check appropriately)

A. Customers: Daily () Frequently () Regularly () Occasionally () Seasonally () None ()

B. Clients: Daily () Frequently () Regularly () Occasionally () Seasonally () None ()

C. Pupils Daily () Frequently () Regularly () Occasionally () Seasonally () None ()

D. Deliveries Daily () Frequently () Regularly () Occasionally () Seasonally () None ()

Number of off street parking spaces needed: _____ NONE ()

Will You Need a Sign? (one only) YES () NO () **REQUIRES A SPECIAL PERMIT**

Any additional products or services available on premises? YES () NO (). If yes, what?

Are the Items left for service stored indoors (), accessory shed/garage () not applicable ()

STATEMENT OF INTENT/ PREVIOUS APPROVAL INFORMATION

The applicant hereby authorizes the right of entry to The Town of Oak Bluffs Building Official(s) for verification of all information presented in this application related to home business certification.

APPLICANT'S SIGNATURE

DATE: _____

After review of application and site visit, a determination has been made that the applicant:

-Application Meets the requirements of a home based business by right ()

Certificate of Conformance issued on _____

-Application requires a special permit from the Board of Selectmen ()

-Application does not meet the requirements of a homebased business.

The application is denied. ()

Building Inspector

Date: _____

Zoning Administrator

Date: _____