

Application # _____

**TOWN OF CROMWELL
PLANNING AND ZONING COMMISSION**

APPLICATION FOR MINOR HOME-BASED BUSINESS

Name of Applicant: _____

Address: _____

Name of Owner (if different): _____

Assessor's PIN # _____ Volume/Page: _____ / _____

Telephone Number of Applicant: _____

Email Address of Applicant: _____

Description of Proposed Activity:

“I hereby certify that I have read Section 2.9.B (“Minor Home-Based Business”) of the Zoning Regulations and that my proposed activity will comply with these regulations.”

(applicant's signature) (date)

(owner's signature, if different) (date)

THIS IS NOT A BUILDING PERMIT

-----FOR STAFF USE ONLY-----

Zoning Enforcement Officer: ☐ approve ☐ deny

Comments: _____

Signature Date

Per Article 8.3.G.1 of the Zoning Regulations, this Permit shall become invalid if the authorized activity is not commenced within six months after issuance.