



City of Fitchburg  
Building Department  
166 Boulder Drive  
Fitchburg, MA 01420  
Phone: 978-829-1880  
Fax: 978-829-1963

**For Office Use Only**

Receipt No.: \_\_\_\_\_ Time/Date Stamp: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_  
Check No.: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Zoning: \_\_\_\_\_  
Map, Block,  
& Lot: \_\_\_\_\_

**Request for a Zoning Determination for a Home Occupation**

*Applicants need a zoning determination letter from the Building Department in order to register a business with the City Clerk's office and get a DBA.*

**Fee: \$30**

*Applications that are not legible or incomplete will not be processed.*

**Applicant Information:**

Name of Applicant: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Address of proposed home occupation (if different from mailing address):  
\_\_\_\_\_ Fitchburg, MA 01420

Name of proposed business: \_\_\_\_\_

1. Is this your primary residence?     YES     NO
2. Do you rent or own the residence?     OWN     RENT  
*If you rent, attach a letter of permission from your landlord or have landlord sign this form.*  
Landlord name: \_\_\_\_\_  
Landlord address: \_\_\_\_\_  
Landlord signature: \_\_\_\_\_
3. What percentage of the floor area of your residence will your business occupy?  
    1-24%     25-99%
4. Will you have any employees?     YES     NO  
   If you have employees, is this also their primary residence?     YES     NO  
   How many employees will not share this as their primary residence? \_\_\_\_\_
5. Will this occupation produce offensive noise, vibration, smoke, dust, odors, heat, lighting, electrical interference, radioactive emission or environmental pollution?     YES     NO
6. Will you store materials or equipment outside?     YES     NO
7. Will you have any signs for your business?     YES     NO
8. Do you have off-street parking?     YES     NO; If yes, how many spaces? \_\_\_\_\_
9. Will you have a commercial vehicle or a vehicle with lettering/signage on it?  
    YES     NO
10. Will clients, customers, pupils or others visit your home office?     YES     NO
11. Will the residence vary from its residential appearance in any other way?     YES     NO  
   If yes, how? \_\_\_\_\_
12. Is this business involved in any of the following activities: Cleaning/housekeeping, landscaping, construction/handyman/painting/masonry, auto repair/detailing?     YES     NO
13. Is this business involved in cooking/baking/food preparation?     YES     NO

**TURN PAPER OVER**

**Please attach a brief description of your proposed business or write neatly on the reverse side of this form.**

**Description of proposed business:**

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Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Meets Zoning Ordinance by Right for Home Occupation Section - 181.331

Needs Special Permit in Accordance to Home Occupation Section -181.332

Does Not Conform to Zoning Regulations

\_\_\_\_\_  
Mark Barbadoro, Building Commissioner

\_\_\_\_\_  
Date