

Town of Oak Bluffs, Massachusetts  
Building/Zoning Office  
P.O. Box 1327



INSTRUCTIONS FOR APPLYING 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 successfully 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 Building Office's Administrative Assistant. The certificate of conformance fee is \$10.00

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. Be registered as a business with the Town Clerk.

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.



Town of Oak Bluffs, Massachusetts  
Building/Zoning Office

Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

HOME BUSINESS APPLICATION

Applicant's Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

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

MAP \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT SIZE \_\_\_\_\_ Phone: \_\_\_\_\_

Zoning District \_\_\_\_\_ # Years Owned \_\_\_\_\_ E-Mail: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

1. Outside Storage of related materials, supplies, or equipment:

\_\_\_\_\_  
\_\_\_\_\_

2. # of business related vehicles needed to park overnight at residence: \_\_\_\_\_ or NONE ( )

Vehicle #1 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ GVW \_\_\_\_\_

Vehicle #2 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ GVW \_\_\_\_\_

Vehicle #3 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ GVW \_\_\_\_\_

Vehicle #4 - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ GVW \_\_\_\_\_

Other: \_\_\_\_\_

3. Residence's gross square footage: \_\_\_\_\_ Square footage for business use in home: \_\_\_\_\_

4. # of resident employees: \_\_\_\_\_ # of nonresident employees: \_\_\_\_\_

5. 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 ( )

6. # of off street parking spaces needed: \_\_\_\_\_ NONE ( )

7. Sign needed? (one only) YES ( ) NO ( )

8. Ancillary product/service/items available on premises? YES ( ) NO ( ). If yes, what?

\_\_\_\_\_

9. Items left for service stored indoors ( ), accessory shed/garage ( ) not applicable ( )

STATEMENT OF INTENT/ PREVIOUS APPROVAL INFORMATION

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**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

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DATE: 

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

1. Meets the requirements of a home based business by right ( )

Certificate of Conformance issued on 

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2. Needs a special permit from the Board of Selectmen ( )

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Building Inspector

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Zoning Administrator