#26-06

Date Approved _____	Date Submitted 4/21/26
Chairman/Vice Chairman _____	
Land Use Administrator _____	
Comments _____	

Town of East Haddam - Land Use Office
1 Plains Road PO Box 385
Moodus, CT 06469
Telephone: 860-873-5031 - Email: Landuse@easthaddam.org

HOME OCCUPATION APPLICATION FOR BUSINESS PERMIT

(Section 27 East Haddam Planning & Zoning Regulations)

APPLICANT'S NAME: Lora Abbott

PROPERTY OWNER'S NAME: Lora Abbott

BUSINESS NAME: Abbott Canine Rehabilitation Veterinary Services

PROPERTY LOCATION: 118 Clark Gates Rd. Moodus

ASSESSOR'S MAP: 75 **LOT:** 11

DEED REFERENCE: VOLUME: _____ **PAGE:** _____

APPLICANT'S CONTACT NUMBER: 860-301-7099

PROPERTY OWNER'S CONTACT NUMBER: Same

APPLICANT'S EMAIL ADDRESS: abbott.vet@gmail.com

TYPE OF BUSINESS YOU ARE APPLYING FOR

Mobile veterinary services

APPLICANT'S SIGNATURE: _____ **DATE:** 4/21/26

PROPERTY OWNER'S SIGNATURE: _____ **DATE:** _____

Application fee for in-office approval - $50.00 PD 4/21/26

Application fee for Special Exception process - $85.00

Any application that is more than office use only and no customers will require the Planning and Zoning Commission Special Exception Review. All applicants will be required to notify abutting property owners within one hundred feet of your property about this application by certificate of mailing. The Land Use Office will provide a notification list and a form letter.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PROPOSED BUSINESS.

1. **Please give a detailed description of the home occupation, including any required machinery, equipment, materials, etc. Please include the truck(s) size ie 150, 250, etc.**
   Home Base only, all business conducted off site using personal vehicle

2. **What are the days and hours of operation?**
   M-F 9-7

3. **Will there be any commercial vehicle traffic or customer vehicle traffic associated with this home occupation? If yes, please explain the frequency and type of vehicle traffic.**
   Deliveries of supplies only (minimal), deliveries once a week or less

4. **Please give details of any signage required. The sign shall not exceed three (3) square feet and shall not be illuminated.**
   none

5. **Please provide a site plan of the property depicting any areas to be used for the home occupation (personal and customer parking and any other necessary outside use) and a floor plan of the dwelling or accessory building in which the proposed home occupation will be conducted indicating the area to be occupied by the proposed home occupation. Please remember that a home occupation is limited to 25% of the total living space up to a maximum of 750 square feet.**
   office only

6. **Please share any other information that you feel may be required by the planning & Zoning Commission to assist in the review of the application.**

7. **Are you aware of any deed restrictions that prohibit home occupations?**
   YES____ NO X

Reviewed and Approved by the Fire Marshall if applicable.

Date _____

Reviewed and Approved by the Building Official if applicable.
Date _____

Reviewed and Approved by the Chatham Health District if applicable.
Date _____