

**ADMINISTRATIVE PERMIT APPLICATION
HOME OCCUPATION, CLASS A
(No accessory building, in dwelling only)**

Tax Map and Parcel #: _____
Zoning: _____

Permit #: _____

Information to be filled out by Applicant
(Please type or print neatly)

Applicant Name: _____

Address: _____

Phone: _____

Property Owner's Name: _____

Type of business: _____

Trade Name, if applicable: _____

1. Do you use a vehicle with this business, if yes, what type? _____

2. Do you have any other business use vehicles parked on site? _____

3. Do you use a trailer in this business? _____

4. Will you use an accessory building for this business? Yes _____ No _____

5. How many residents in your home will work in the business? _____

6. How many employees will come to the home? _____

7. Will you display any products visible from the street? _____ Yes _____ No _____

8. Will you sell any products that are not made in the home? _____ Yes _____ No _____

9. If yes, describe those products _____

10. Will you have any outside display or storage of goods, supplies, or equipment related to this business? _____ Yes _____ No _____

11. Will you exceed ten (10) trips per day for this business? (a trip consists of one arrival and one departure) _____ Yes _____ No _____

12. Will you have a sign? _____ Yes _____ No, if yes, what size? _____

13. Will you have customers coming to your home? _____ Yes _____ No _____

14. If you have customers coming to your home, please provide a sketch of your parking area.

15. How are deliveries received? _____

16. How are items shipped? _____

- **The following uses are not considered to be Home Occupations, Class A: trash and garbage collection, boarding houses, day care centers, private schools, firearm sales, small engine repair or motor vehicle repair. Landscaping, lawn care and mowing businesses, and mobile motor vehicle repair are not to be considered Home Occupations unless all equipment, materials and utility vehicles are kept off site. The applicant shall supply written documentation such as a lease agreement or contract**

describing where the equipment, materials, and utility vehicles are to be kept to the Community Development Department.

I affirm that I have been given a copy of the ordinance standards and they have been explained to me. As applicant, I submit the foregoing responses are true and understand that a finding to the contrary by Augusta County can invalidate this application. I understand that the use shall comply with the Administrative Permit Standards of the Augusta County Zoning Ordinance, as amended, and it will not have an undue adverse impact on the surrounding neighborhood. Among matters to be considered in this connection are traffic congestion, noise, lights, dust, odor, fumes and vibration, and that if, at any time the requirements of the Section are exceeded this permit may be cancelled. I also understand I can have only one commercial vehicle may be used in conjunction with this home occupation, the vehicle must be parked off-street, and that if I move to another location I must apply for a new permit. For the purposes of this section a commercial vehicle does not include a utility trailer.

I hereby authorize the appropriate County officials to enter upon the above described property to inspect the work authorized by this permit.

Applicant Date

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FOR OFFICE USE ONLY

Application Received: _____ Date Property Owner Consent: _____ Date

Zoning Comments: _____

Zoning Approval Date

FOR ALL APPLICANTS WHO WILL HAVE CUSTOMERS COMING TO THE PROPERTY, PLEASE SHOW THE FOLLOWING:

- 1. Size and shape of parcel
2. Location of dwelling on parcel with distances to all property lines.
3. Area to be used for home occupation
4. Access to and from property with dimensions of the driveway.
5. Dimensions of parking area for home occupation. If turn around area, dimensions should be shown for that as well.
6. Number and location of additional parking spaces to be used to accommodate home occupation.