## ADMINISTRATIVE PERMIT APPLICATION HOME OCCUPATION, <u>CLASS B</u> (Accessory Building May be Utilized)

Tax N Zonin	lap and Parcel #: Permit #: g:
	Information to be filled out by Applicant (Please type or print neatly)
Applica Addres	ant Name:
Phone	
Proper	ty Owner's Name:
Type c	ge of Property:
Trade	Name, if applicable:
1.	Do you use a vehicle for this business, if yes, what type?
2.	Do you have any other business use vehicles parked on site?
3.	Will a utility trailer be used for the business? YesNo, if yes, what size utility trailer will be used?
4.	Will you use an accessory building for the business? Yes No, if yes, what size accessory building or portion of the building will be used for the business?
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 outside visible from the street? Yes No
8.	Will you sell any products that are not made in the home?YesNo
9.	If yes, describe these 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 complete the back of this form.
15	. How are deliveries received?
16	. How are items shipped?

• The following uses are not considered to be Home Occupations, Class B: trash and garbage collection, boarding houses, day care centers, private schools, firearm sales, and small engine repair and motor vehicle repair. Landscaping and mobile motor vehicle repair businesses are not considered Home Occupations <u>unless</u> all equipment, materials, and trailers over sixteen feet (16') are to be kept off site. The applicant shall supply written documentation such as a lease or a 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 <u>only one commercial vehicle may be used in conjunction with this home occupation, the vehicle must be parked off-street</u>, and that if I move to another location I must apply for a new permit.

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

Applicant	Date	
	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.