

HOME OCCUPATION APPLICATION SHEET

Date: _____

NAME OF HOME OCCUPATION: _____

LOCATION OF HOME OCCUPATION: (ADDRESS) _____

NAME OF APPLICANT: _____

ADDRESS: _____ ZIP CODE: _____

Phone Number: (_____) - _____ - _____ Business Number (_____) - _____ - _____

Please answer the following questions:

1. Employees: Yes ___ No ___ If yes, how many employees? _____

Are the employees related to you? Yes ___ No ___ Both _____

To qualify for the Home Occupation the following must be answered.

2. Please describe in detail the nature of the business and the hours and location of the home occupation:

3. Will there be any interior or exterior alteration to the dwelling or its accessory buildings to create or expand the home occupation? Yes _____ No _____ IF yes please explain:

4. Will there be any change in the outside appearances of the building or premises or other visible evidence of the conduct of the home occupation? Yes ___ No ___ Please explain if yes:

5. Will there be any signs for advertising purposes? Yes ___ No ___ Please explain if yes;

5A. SIZE OF SIGN: Length: _____ X Width: _____ Total Area: _____
(The sign can only be two (2) square feet) One sign is all that is allowed

6. Total equivalent of the area of the first floor of the primary residence and/or accessory buildings to be used for Home Occupation? Total Square feet of home and/or accessory building?

Home? _____ Square Feet + Accessory Building? _____ Square Feet + Total Square Feet. Area to be used for Home Occupation?

Home? _____ Square Feet + Accessory Building? _____ = Total Square Feet _____

7. How much more traffic will be generated with this Home Occupation?

8. Where will the customer be allowed to park at this Home Occupation?

Please answer each question

A. Will any equipment or process be used in such Home Occupation which creates electrical interferences detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than in a single family dwelling?

Yes ___ No ___ If Yes, Please Explain

B. Will any equipment or process be used in such Home Occupation which creates noise detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than in a single family dwelling?

Yes _____ No _____ If Yes Please Explain _____

C. Will any equipment or process be used in such Home Occupation which creates vibration detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than in a single family dwelling?

Yes _____ No _____ If Yes, Please Explain _____

D. Will any equipment or process be used in such Home Occupation which creates glare detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than in a single family dwelling?

Yes _____ No _____ If Yes, Please Explain _____

E. Will any equipment or process be used in such Home Occupation which creates fumes detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than a single family dwelling?

Yes _____ No _____ If Yes, Please Explain _____

F. Will any equipment or process be used in such Home Occupation which creates odor detectable to the normal senses off the lot if conducted in a single family dwelling or outside the dwelling unit if conducted other than in a single family dwelling?

Yes _____ No _____ If Yes, Please Explain _____

If more space is needed for A thru F, please include such on a separate sheet.

9. Will this Home Occupation create any visual or audible interference in any radio or television receivers off of your premises or cause fluctuations in line voltages off of your premises? Yes _____ No _____ If you answered yes, please explain _____

11. DO YOU OWE ANY REAL ESTATE TAXES THAT ARE PAST DUE? YES _____ NO _____ If yes please explain why and when they will be paid up to date _____

12. ZONING DISTRICT _____ 13. MAGISTERIAL DISTRICT _____

14. TAX MAP SECTION ___ 15. PARCEL ___ 16. LOT ___ 17. SUBDIVISION _____

This must be filled out in its entirety or a delay in approval may result.

Please read the definition as found in the Buckingham County Zoning Ordinance as adopted on October 31, 1997. If you have any questions, please contact the office.

Home Occupation - An occupation which may be conducted in a dwelling provided that:

- ; (a) the use of the dwelling shall be incidental and subordinate to its residential use; (b) there shall be no interior or exterior alteration to the dwelling or its accessory buildings to create or expand the home occupation and there shall be no change in the outside appearance of the building or premises or other visible evidence of the conduct of such home occupation other than one sign of no more than two (2) square feet in area; (c) only family members residing on the premises shall be engaged in such occupation; (d) no more than the equivalent of one-half of the area of the first floor of the primary residence may be utilized in either the principal dwelling and accessory building combined for the home occupation; (e) no traffic shall be generated by such home occupation in greater volumes than would be normally expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in the required front yard area; (f) no equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odor, or electrical interference detectable to the normal senses off the lot if conducted in a single-family dwelling or outside the dwelling unit if conducted other than in a single-family dwelling; and (g) no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.

I HEREGY APPLY FOR APPROVAL TO CONDUCT THE HOME OCCUPATION IDENTIFIED ABOVE AND CERTIFY THAT THIS ADDRESS IS MY LEGAL RESIDENCE. I HAVE READ AND DO UNDERSTAND THE BUCKINGHAM COUNTY HOME OCCUPATION RESTRICTIONS.

Signature: _____ Date: _____

Print Name: _____

**COUNTY OF BUCKINGHAM
PLANNING OFFICE
*FOR OFFICE USE ONLY***

Buckingham County Administration Building
Buckingham County Zoning
13360 James Anderson Highway
Box 252
Buckingham, Va. 23921
(434) 969-4242 - Office
(434) 969-1638 – Fax
(Date of approval)

APPROVAL #

HOME OCCUPATION CERTIFICATE

Resident's Name:

Telephone Number: Business Phone:

Address: Town: Zip Code:

Type of Business:

Name of Business:

This certificate represents zoning approval to conduct the Home Occupation identified above.

Zoning District: Magisterial District: Tax Map Section #: Parcel: , Lot

Any change or expansion of this Home Occupation shall require that you as the applicant contact the Buckingham County Zoning Office.

Home Occupation A:

Date of Approval:

Signature of Agent: _____