

County of Spotsylvania HOME OCCUPATION PERMIT APPLICATION

Community Development Division 9019 Old Battlefield Blvd. 3rd Floor Spotsylvania, VA 22553 Phone (540)507-7222 Fax (540) 507-7282

App/Permit # Assigned:	

		A	pplicant	
Na	ame:		Address:	
Ph	none #:	Fax #:		Email Address:
		La	ndowner	
Na	ame:		Address:	
Ph	none #:	Fax #:		Email Address:
		Propert	y Information	
Pro	operty Address:			
Ta	ax Map :	Obl. Circle: Block	Lot/Parcel	:Voting District:
Su	ıbdivision:	- 6		
-			s Information	
Bu	usiness Name: :			
De	escription of Busine	ss: :	N 10	
_		4		
1.	Please note: No business may commence prior to zoning approval. Applicant must apply for business license once Zoning permit is obtained			apply for business license once Zoning permit is obtained
2.	There shall be no customers or clients to the home. No sign shall be permitted.			
3.	No electrical, plumbing, mechanical, or renovations are being made to space or building, I hereby certify that I shall conform to the Zoning Ordinance of Spotsylvania County. This permit must be displayed on the premises.			
4.	You have thirty days from this date in which to appeal this decision to the Board of Zoning Appeals, in accordance with Section 15-2-2311of the Code of Virginia, or this decision shall be final and unappealable.			
5.	If approved this permit will only be valid for use at the property address noted on your permit. If your residence changes you will have to reapply for a new home occupation permit.			
6.	Accepted Forms of Payment: Check, Money Order (made out to Spotsylvania County Treasure), and Credit/Debit Card. Please note: There will be a 2.70% convenience fee added for all credit/debit card transactions.			
	Applic	ant's Signature Required		Landowner's Signature Required
	4			:
	Applic	ant's Printed Name		Landowner's Printed Name
	Application Verified	1		

By:

Date: _

Home Business Questionnaire

In order to provide you with the correct application for your home enterprise business or home business use, please complete the following questions. Once completed, a zoning staff member will provide the correct form and checklist to assist you in applying for your permit.

Will your business have customers coming to your property? Yes No
Will your business require employees? Yes – How Many Employees No
Are you in a R1 or R2 Zoning District? Yes No

If you answered yes to any of the above questions, you may need to apply for a "Special Use Permit", prior to filing for the permit for your proposed business. A zoning staff member will supply you with the correct forms and information to apply for the "Special Use" permit. After the "Special Use" permit is approved, you must apply for a Home Enterprise permit.

Home Enterprises within Residential 1-3 and Resort zoning districts shall be limited to parcels fronting and/or whose chief point of ingress/egress is upon state maintained roads limited to State Route number 1 through State Route number 712, subject to VDOT approval. Home enterprises whose chief point of ingress/egress is not upon state maintained roads limited to Route number 1 through 712 require approval of a special use permit.

If you answered no to the above questions, a zoning staff member will give you a copy of the Home Enterprise Checklist or Home Use Checklist, whichever applies, along with the correct form that you will need to fill out and submit for review.

NOTE: Approval for a "Special Use Permit" does not necessarily give you permission to use the building for the proposed business. A building permit may be required. Please check with our Building Office to see if the proposed business will be in compliance with your request.



Zoning Home Use Certificate Checklist

	Comp	leted Application Form Please give a complete description of t	he type of business to be conducted from the home.				
	□ Correct Tax Map Number (Staff verified)						
	Legal Landowner Signature or Limited Power of Attorney o If you are renting the property you must have the landowner sign the application.						
 Health Department Approval (if applicable) Needed when applying for food services from home. 							
	0	g & Processing Fee Due with Application Submittal Total Amount Due \$120.00					
Б		business is not registered with the state	or than your full legal name for your business, and your of Virginia as a Corporation or LLC, you are required to s office per State Code 59.1-70. We will not accept any use the approved registration form.				
equire	o o f you ar	applicant must secure an approved store District or an approved and/or non-commust provide a copy of signed lease and approved business. If a storage/impoundment lot is not need effect. Please note in Industrial 1 and Industrial operating on the highways of the Commapproved permit. If you are applying to be on the Spots that Tow Application.	me office ONLY. No vehicle storage is allowed on site. The age/impound lot in an Industrial 1 or Industrial 2 Zoning forming salvage yard with an existing business. The applicant d a notarized affidavit (provided by County) with existing ded, submit a written statement signed and notarized to that al 2 Zoning Districts no more than (5) five vehicles incapable of nonwealth of Virginia on these premises per tenant with sylvania County Towing List, provide a completed copy of Massage therapy use permit. Applicant must also obtain background check from the Sheriff's office in accordance with				
•		Applicant's Signature	Date				
		If you have any questions, please conta	ct the Code Compliance Office (540) 507-7222.				
		Offi	ce Use Only:				
ate Ap leviewe	plication	on Received:					

FOR OFFICE USE ONLY

Zoning	Disapproved	Approval Date
Remarks:		
	38	
₹ %		
(A)		
Fees	 ,	Authorized Signature