HOME OCCUPATION FORM

DEVELOPMENT SERVICES
PLANNING & ZONING

OFFICE USE ONLY		
Fee: $50.00	Date Paid:	Ref No.:

APPLICANT INFORMATION:

Applicant Name:	Date of Application:		
Phone No.:	Alt Phone:		
Address:			
Address	City	State	Zip Code

DESCRIPTION OF HOME OCCUPATION:

Brief Description of Occupation:

COMPLIANCE:

This is to certify that I shall comply with the **Zoning Ordinance** of the City of Washington as it relates to home occupation within residential districts.

The Zoning Ordinance permits a home occupation under the following conditions:

a. Home occupations shall only be permitted in single-family dwelling units.
b. Home occupation shall constitute an accessory use of the principal use.
c. Home occupations shall not occupy more than one-third (1/3) of the total area of the principal use dwelling, and in no event occupy more than five hundred (500) square feet of floor area.
d. Home occupations shall not employ more than one (1) person other than those persons legally residing within the principal use dwelling.
e. Home occupations shall not be visible from any public right-of-way or adjacent property line.
f. Home occupations shall not involve any outside storage of related materials, parts, or supplies.
g. Home occupations shall have signage in accordance with article XVI of the Washington Municipal Code, pertaining to signs. (No larger than 2 square feet.)
h. Home occupations shall not create any hazard or nuisance to the occupants residing or working within the principal use dwelling or to area residents or properties.
i. Home occupations shall not involve any external structural alterations which are not customary in residential buildings.
j. The sale of articles produced elsewhere than within the dwelling shall not be permitted.
k. Home occupations shall not be permitted within accessory structures or buildings.

HOME OCCUPATION FORM

DEVELOPMENT SERVICES
PLANNING & ZONING

ACKNOWLEDGEMENT:

I, _____ have read and understand the home occupation regulations and will operate within the home occupation regulations as set forth in the Zoning Ordinance of the City of Washington.

Signature	Date

NOTARY PUBLIC:

North Carolina
Beaufort County
I, a Notary Public of the County and State aforesaid, certify that _____
Name of Applicant
personally appeared before me this day and acknowledged the execution of the foregoing instrument, witness my hand and official seal, this _____ day of _____, 20 _____.

_____
Notary Public

My commission expires: _____

Approved By:	Date: