Home Occupation Business Zoning Approval Form

Department of Development

Fee: $10 Cash/Check/Credit Card ($2 surcharge for Credit Cards)

PERMIT #: _____

MUNIS Application Number: _____ Parcel#: _____ Ward: ____

Site Information

Location Address: _____

Applicant & Ownership Information (INCLUDE COPY OF DRIVER'S LICENSE)

Name of Applicant: _____ Date: _____

Applicant's Home Address: _____

City:_____ State: _____Zip:_____

Phone: ( ) _____ Cellular Phone: ( ) _____

Email Address: _____

Are you the property owner? ☐ Yes ☐ No

If the applicant is not the property owner, permission from the owner must be provided below.

Name of Property Owner: _____

Property Owner's Address: _____

Phone: ( ) _____ Cellular Phone: ( ) _____

Email Address: _____

Property Owner's Signature: _____ Date: _____

Business Information

Name of Business AS Registered with SCC: _____

Effective January 1, 2020: Assumed Name filings will be handled at the state level through the Commonwealth of Virginia's State Corporation Commission (SCC). Zoning Approval Form business name must match business name recorded with SCC.

Type of Business: _____

Describe the types of business activity that will occur on the property:

_____

_____

_____

Square footage of floor area that will be used for business purposes: _____ sq. ft.

Hours and Days of Operation: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Will Customers Visit this Location? ☐ Yes ☐ No If Yes, How many per day? _____

Will You Have Groups or Classes? ☐ Yes ☐ No

Number of Employees: _____ Are All Employees Family Members? ☐ Yes ☐ No

Number of Vehicles Associated with Business: _____ Vehicle(s) _____ Trailer(s)

Type of Vehicle(s):

Year	Make/Model	# of Axles

Home Occupation Guidelines (Please Read)

1. *Appearance:* Home occupations shall be incidental and secondary to the primary use of the property for dwelling purposes.
2. *Area:* Home occupations may not exceed 25% of the enclosed and heated floor area of the dwelling unit or more than 250 square feet, whichever is less, and must be located inside the dwelling or structure.
3. *Assembly/Instruction:* Assembly or group instruction is not permitted. Individual instruction on a one-to-one basis is permitted.
4. *Clients:* No more than two (2) clients shall be on the premises at any one time. Any home occupation visited by the general public shall be open by appointment only.
5. *Employees:* There shall be no one employed other than members of the family who reside on the premises. **No other employees are permitted to work on site**.
6. *Parking:* No more than one (1) motor vehicle (not exceeding 10,000 pounds or two axles) and one single axle trailer (not exceeding 13 feet in length and 3,200 pounds) used in conjunction with the home occupation may be parked on the premises. A trailer must be parked in the rear yard or so that its view is screened from adjacent properties or public roads, except for loading and unloading. Tow truck parking is prohibited.
7. *Performance:* There shall be no use of machinery or equipment which creates noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses.
8. *Signage:* One (1) sign, not exceeding two (2) square feet in area for each dwelling unit. Such sign shall indicate only the name of the occupant and/or its location.
9. *Storage:* There shall be no visible storage or display of sales goods, products, services or materials. Outside storage of materials is prohibited.
10. *Home Catering:* Application must include description of the types of food to be cooked in the home. Baked goods are regulated by the Dept. of Agriculture and prepared foods are regulated by the Dept. of Health.

11. *Trucks:* **Truck parking affidavit**

I hereby certify that,

The truck(s) associated with this home occupation will not be parked on the property located at_____, Hopewell, VA 23860.

If the truck(s) are parked on the property, I understand that this in violation of the Hopewell Zoning Ordinance, Section I, Definitions, Home Occupation. Violations could result in fines and/or legal action.

_____ _____ _____

Date Print Name Signature

12. *Home Daycare:* **Business Zoning Approval application must provide the age ranges and total number of children.**

a. **1 to 4 children** – no Social Services license required.

b. **5 to 12 children –** from outside the home under the age of 13 maximum – Social Services license required.

c. Up to a maximum of 4 children under the age of 2 including children in the home

Age Range: _____ Total Number of Children: _____

I, the below signed, certify that I have read and understand the above Home Occupation Guidelines, and that the information provided on this application is true and correct to the best of my knowledge and belief. I also understand that failure to comply with the above rules constitutes a violation of the City of Hopewell Zoning Ordinance subject to a fine, if convicted, of up to $1,000 and/or up to one (1) year in jail.

_____ _____

Applicant Signature **Date**

For Staff Use Only

Zoning: _____ Taxes Owed: ☐Yes ☐No

Certificate of Occupancy requested: ☐ Yes ☐ No

Reviewed By: _____ Date: _____

☐Approved Zoning Ordinance Provision:

_____

_____

☐Denied Reason:

_____

_____

If Certificate of Occupancy was requested:

Fire Department Approval: _____ Date: _____

CODE Department Approval: _____ Date: _____