

HOME OCCUPATION

This application is to verify that a Home Occupation meets the requirements of the Zoning Ordinance.

Existing Property Information		
PIN (Number): Address:		
Lot Size: Gated Access: □ No □ Yes, Gate Code:		
Uses on the site: Single (1) Family Residence Multi-Family Residence Vacation Rental Commerce	ial/Industrial/Other	
Proposed Home Occupation		
Location of Home Occupation: Describe your home occupation:		
Dwelling Unit: Total SF or % used for business		
□ Accessory structure (Shed, garage, other non-dwelling structure)		
Size of exterior sign (<i>if any</i>): square feet		
Number of home occupation employees who do not live on the property: employees		
Estimate the total number of: Customers that will visit the property in a <u>typical</u> day:		
Customers that will visit the property during special events/activities:		
Non-employee contractors and business-related deliveries in a typical week:		
Minimum Requirements		
 A Home Occupation is an occupation conducted entirely within a dwelling or accessory structure and carried on The use of the dwelling unit for the home occupation shall be incidental and secondary to the use of the dwelling The occupation shall not occupy more than 25% of the total floor space of the dwelling, or the entire accessory s There shall be no display, outside storage, change in appearance of the building or premises, or other visible evic of the home occupation other than an unlighted sign located on the premises and not over two square feet in area No traffic shall be generated in greater volumes than would normally be expected in a residential neighborhood. No more than two persons not in residence on the property shall be employed in connection with the home occup No equipment or process shall be used which creates noise, vibration, glare, fumes, odors, or electrical interference No equipment or process shall be used which creates visual or audible interference in any radio or television record premises, or causes fluctuations in line voltage off the premises. 	g for a residence. tructure. lence of the conduct pation. nce detectable.	
Contact Information		
Name of applicant: Telephone Number(s): ()		
Mailing address:		
Email:		
I hereby certify that I am the owner, employee, or authorized agent of the owner of the property referenced herein, an provided herein is correct to the best of my knowledge. Further, I hereby certify that I will comply with the aforement Ordinance regulations, and that failure to do so may result in the revocation of my home occupation permit and the ir penalties as may be authorized under the North Carolina General Statues and Buncombe County Code.	tioned Zoning	
Signature of applicant: Date:		
OFFICE USE ONLY:		
Received by: Date: ZON	_	
Permit Status: □ Approved □ Denied:		
See reverse side for Conditions of Approval / Reasons for denial		

Conditions of Approval:	
Applicant Signature confirming Conditions of Approval	Date
Reasons for Denial:	
Notes:	