



## HOME OCCUPATION APPLICATION

A **Home occupation** is an accessory use of a dwelling unit for gainful employment involving the making, provision and sale of goods and/or services provided that;(a) No more than one (1) person not residing in the dwelling shall be engaged in such occupation in the dwelling.(b) The use of the dwelling unit for the home occupation shall be clearly incidental land subordinate to its use for residential purposes by its occupants, and not more than twenty-five (25) percent of the floor area of the dwelling unit shall be used in the conduct of the home occupation.(c) The outside of the dwelling shall not show any visible evidence of the conduct of such occupation other than one (1) sign, not exceeding one (1) square foot in area, non-illuminated and mounted flat against the wall of the dwelling.(d) No home occupation shall be conducted in any accessory building.(e) No traffic shall be generated by such home occupation in greater volumes than would normally be expected in the neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a required front yard.(f) A home occupation, or any equipment or process used in such occupation, shall not create any noise, hazard, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses off the lot, if the home occupation is conducted in a detached single-family dwelling, or outside the dwelling unit if conducted in any other form of dwelling. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receiver off the premises or causes fluctuation in line voltage off the premise.

**PERMITTED HOME OCCUPATIONS (CIRCLE THE # THAT BEST DESCRIBES YOUR BUSINESS) If it is not listed please ask for assistance from the zoning officer**

(1) Dressmakers, seamstresses, tailors. --- (2) Tutors, music teachers or dancing teachers, limited to no more than two (2) students at a time. --- (3) Artists, craft persons, sculptors, authors, or photographers. ---(4) Office of ministers, rabbis, priests or other religious leaders or teachers. (5) Caterers. (requires health department approval) \_\_\_\_\_. (6) Office of architects, engineers or surveyors. \_\_\_\_\_. (7) Office of accountants, lawyers, physicians, dentist and other persons licensed by the Virginia Board of Health Professionals as independent practitioners. --- (8) Office of computer programmers, consultants, bookkeepers, answering services, clerical or secretarial businesses, appraisers, sales representatives, and manufacturers representatives --- (9) Persons in the business of repairing musical instruments, watches, clocks, small household appliances and other such items. --- (10) The office of a contractor or other service business provided that (i) no more than one commercial vehicle with a gross vehicle weight of no more than 5,000 pounds shall be parked on the property or the street adjacent to the property, (ii) no contracting equipment or materials shall be stored on the premises, except in a commercial vehicle used for transporting such equipment or materials between jobs, (iii) no unloading or loading shall be done on or in the vicinity of the premises and (iv) no work shall be done on the premises except clerical, administrative and bookkeeping work. --- (11) Family day homes caring for no more than 8 children, including children who reside in the home. --- (12) One chair beauty or barber shops.

CITY OF FRANKLIN  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
207 WEST SECOND AVENUE, FRANKLIN VIRGINIA 23851  
OFFICE: 757-562-8580 FAX: 757-562-0870

(Over)

# HOME OCCUPATION APPLICATION (CONT.....

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZONE: \_\_\_\_\_

CURRENT/PRIOR USE: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

NEW BUSINESS NAME: \_\_\_\_\_

DESCRIBE PROPOSED HOME OCCUPATION : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HEALTH DEPARTMENT APPROVAL: \_\_\_\_\_

BUREAU OF INSPECTIONS APPROVAL DATE: \_\_\_\_\_

THE APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING ALL APPLICABLE STATE AND/OR FEDERAL PERMITS REGULATING THE USE OF THE PROPERTY.

I HAVE READ THE HOME OCCUPATION REGULATIONS ON THE REVERSE SIDE OF THIS APPLICATION AND HEREBY AGREE TO ADHERE TO ALL SAID REQUIREMENTS.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT

-----  
FOR OFFICE USE ONLY

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING OFFICER

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