



Development Services Department
 1150 N. Broome Street, PO Box 617
 Waxhaw, NC 28173
 704-843-2195 (Phone)
 704-243-3276 (Fax)
 www.waxhaw.com

Date Received	_____
Permit Fee	_____
Permit Number	_____

HOME OCCUPATION PERMIT

Date of Application: _____

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Property Owner Name: _____ Telephone: _____

Property Owner Mailing Address: _____

Relationship of Applicant to Property Owner: _____

Address/Location of Property: _____

Parcel No: _____ Zoning: _____

Business/Company Name: _____

Type of Business: _____

25% of floor area of home, or 1,000 square feet (whichever is less) can be used for a home occupation.

Square foot of area used for home occupation _____

Total square footage of home _____

Percent of home used for home occupation _____

SUPPLEMENTAL INFORMATION REQUIRED FOR HOME OCCUPATIONS

Please check each of the following items to indicate compliance of proposed home occupation.

- There is no associated outdoor storage.
- There shall be no non-associated retail sales.
- There are no more than 2 non-resident employees.
- The use shall not create a nuisance to adjacent sites.
- There shall only be passenger vehicles associated with the home occupation.
- The use shall comply with any other applicable UDO regulations.

In order to be considered complete, the following must accompany application:

1. Application fee paid in full must be received prior to the issuance of a Home Occupation permit (checks should be made payable to the Town of Waxhaw).
2. A detailed description of the operation or business shall be included under "Type of Proposed Use" and any other information that may be needed to ensure that the proposed use is in compliance with all applicable provisions of this Ordinance.

CERTIFICATIONS

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

(Signature of Applicant) (Date)

If the applicant is not the property owner, please complete the following:

2. I do hereby authorize above applicant to submit this Home Occupation permit application to the Zoning Administrator on my behalf.

(Signature of Property Owner) (Date)

The following shall be completed by the Zoning Administrator:

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Unified Development Ordinance, **I HEREBY:**

- APPROVE**
 DISAPPROVE

Comments/Conditions: _____

(Staff Reviewer) (Date)

(Zoning Administrator) (Date)