Name:

Address:

Business Name:

(410) 313-2350

Home Occupation Application

Please respond to all questions. Indicate "not applicable" for those questions that have no relevance for your business. Additional sheets may be attached if needed.

Tax Map)# Grid	Parcel	
Phone No.:		Email Address:	
Home Occupation will be conducted:		Total Square Footage of existing residence (basement & garage)	Total Square Footage in the residence (or accessory building) to be used for occupation (cannot exceed 1/3 of the gross floor area
	Entirely within the existing residence		
	Entirely within an existing accessory building		
	Partially within both		

- 1. Describe the business-related activities which will take place at the residence:
- 2. Indicate what business-related items will be delivered to or stored at the residence:
- 3. If the storage of any business-related items is to take place elsewhere, list those locations:
- 4. If the business involves the sale of merchandise, describe the locations where sales will be made or the method for receiving orders and delivering merchandise to the customers:
- 5. If the business involves conducting home-based parties (for the display and sale of goods such as fashion accessories, skin care products, etc.) at this site as addressed above, indicate the anticipated frequency of these functions:

	7.	Indicate the total number of employees who will work on the site:		
		Number of residential employees:		
		Number of nonresidential employees:		
		Maximum number of nonresident employees who will be on the premises at one time:		
	8.	If nonresident employees, clients or other business-related visitors will visit the residence, indicate the total number of individuals expected at the time of peak usage:		
	9.	Any other relevant information describing the operation of the business:		
	10.	Please include a plot plan of the subject site showing: the location and dimensions of the structures associated with the occupation; the available parking areas with the number of spaces indicated; and the driveway.		
	11.	Please provide a floor plan of the structure(s) associated with the occupation depicting the total area of the structures and the area to be used by the Home Occupation.		
Signature:				
		Please return this application and \$25 fee (cash or check payable to Director of Finance) to:		
Department of Planning & Zoning 3430 Courthouse Drive Ellicott City MD 21043-4350 ************************************				
Fo	r D	OPZ office use only		
Application Received:				
Zor	ning	g District:		
Rev	view	ved by:		
Apj	prov	ved/Denied date:		
REV	V 1/2	20		

6. Will clients or other business-related visitors visit the residence?