

Receipt No. _____

City of Wilson
North Carolina

APPLICATION FOR HOME OCCUPATION PERMIT

APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____

Type of Business: _____

Name of Business: _____

Zoning District: _____

WHAT IS A HOME OCCUPATION?

Home Occupation. An accessory use of a dwelling unit for gainful employment or supplemental income purposes which is clearly incidental and subordinate to the use of the dwelling as residence, and which does not alter or change the exterior residential character or appearance of the premises. Home occupations shall be classified as either a "limited home occupation" or an "extended home occupation" and shall be regulated by Section 3.26 of the Zoning Ordinance.

A FILING FEE IS REQUIRED WITH THIS APPLICATION:

For a limited home occupation, \$50 _____

For an extended home occupation, \$200 _____

(includes Special Use Permit fee)

PLEASE COMPLETE THE FOLLOWING (attach additional pages if you need to):

1. Briefly describe your business and its activities

2. Will your business, or anything to do with your business, be located:
- a. in the main residential structure, only? _____
 - b. in an accessory building, only? _____
 - c. in the main structure and accessory building _____
 - d. other? (explain) _____
3. Will someone other than a member of the family living in the home be working at this business? _____
How many others? _____
4. Is your business a partnership? _____
Is it incorporated? _____
5. Where will you store your materials and equipment?

6. Will you be displaying goods, products, or materials?

7. What is the size (floor space) of your home? _____ sq. ft.
8. What is the size (floor space) of the accessory building you are using (if any)?
_____ sq. ft.
9. What is the size of the total floor space you will use for your business?
_____ sq. ft.
10. Will you need to renovate or modify your building(s) for your business? _____
If "yes," describe: _____

11. Will you be selling items on the premises? _____
What will you be selling? _____
12. What kind of machines, equipment, materials, chemicals, processes will you be using? _____

13. Will your use of water, sewer, electricity, gas, or garbage increase significantly? _____
If "yes," describe: _____

14. Will customers be visiting your home? _____
How many, and during what hours? _____

15. How will materials and goods be delivered to your business?

16. Attach a sketch showing your lot, the footprint of your building(s), the distances of the building from the property line(s), the areas of the building(s) to be used for the business, paved and graveled parking areas, and where you plan to park business and residential traffic and vehicles.

17. Do you plan to use a vehicle and/or utility trailer in conjunction with the business? ____
Describe: _____

18. Will the vehicle display advertising? _____ Will it have the name of the business on it? _____

19. Will you be giving instruction or teaching anything? _____
To how many persons at any one time? _____

20. Will you be operating any of the following (check those you will be operating):
- a. family care home for the aged and infirm _____
 - b. shelter for families and/or children _____
 - c. foster home for children _____
 - d. beauty parlor* _____
 - e. barber shop* _____
 - f. carpentry work _____
 - g. doctor's office _____
 - h. radio or television repair _____
 - i. upholstering _____

*Note: There are significant restrictions on beauty parlors and barber shops.

21. Do you want a sign for your business on the property? _____
If "yes," you must apply for a sign permit.

CERTIFICATION:

I certify that all of the information presented by me in this application and its accompanying attachments is accurate to the best of my knowledge, information and belief.

Signature

Date

FOR PLANNING DEPARTMENT USE ONLY

1. Date received _____
2. Type: Limited _____
Extended _____
3. If extended, have applicant file application for Special Use Permit (attach this application) _____
4. Fee paid (date) _____
5. Permit issued: Limited Home Occupation Permit (date) _____
Special Use Permit (date) _____
6. Date permit expires _____