

HOME OCCUPATION SUPPLEMENTAL REGISTRATION FORM

BUSINESS INFORMATION						
Description of Business Home Office For: _____ Other: _____						
Address (Street, City, State, Zip) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> </tr> </table>						
APPLICANT INFORMATION						
First Name:	Last Name:					
Phone Number:	Email:					
Address If Different (Street, City, State, Zip) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> </tr> </table>						
APPLICANT'S ACCEPTANCE AND ACKNOWLEDGEMENT OF SEC. 27-4.2.31						
<p>A. A home occupation where no customer contact occurs shall be considered a Type I home occupation and may be conducted with administrative approval by the director of planning.</p> <ol style="list-style-type: none"> 1. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors. <p>B. All home occupations other than Type I home occupations shall be considered a Type II home occupation and shall require a special land use permit (SLUP). Additional conditions may be placed on the approval of a Type II home occupation in order to ensure the home occupation will not be a detriment to the character of the residential neighborhood.</p> <ol style="list-style-type: none"> 1. Customer contact is allowed for Type II home occupations. 2. Up to two (2) full-time residents of the premises are allowed to conduct separate home occupations in the same dwelling. In reviewing such a request, the local government may consider the reason, potential residential impact, parking needs, hours of operation and other relevant factors. <p>C. All home occupations shall meet the following standards:</p> <ol style="list-style-type: none"> 1. There shall be no exterior evidence of the home occupation. 2. No use shall create noise, dust, vibration, odor, smoke, glare or electrical interference that would be detectable beyond the dwelling unit. 3. The use shall be conducted entirely within the dwelling unit, and only persons living in the dwelling unit shall be employed at the location of the home occupation. 4. No more than twenty-five (25) percent of the dwelling unit and or five hundred (500) square feet, whichever is less, may be used for the operation of the home occupation. 5. No more than one (1) business vehicle per home occupation is allowed. 6. No home occupation shall be operated so as to create or cause a nuisance. 7. Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, or car wash. 8. Occupations that are mobile or dispatch-only may be allowed, provided that any business vehicle used for the home occupation complies with Section 6.1.3, and is limited to one (1) business vehicle per occupation. 						

DEPARTMENT OF PLANNING & SUSTAINABILITY

D. Private educational services shall comply with home occupation standards and no more than three (3) students shall be served at a time. Family members residing in the home are not counted towards the three (3) students allowed.

I agree to abide by the regulations listed above.

Applicant's Signature

Date

OWNER'S AUTHORIZATION

The property owner should complete this form, or a similar signed and notarized form, if the individual who is filling the application with the County is not the property owner. If there is more than one (1) property owner, please attach additional authorizations.

TO WHOM IT MAY CONCERN.

(I), (We), _____
Name of Owners

Being (owner), (owners) of the subject property identified in this application, hereby delegate(s) authority to

_____ to use my property as a
Name of Applicant or Representative

Home Based Business in accordance with Sec. 27.4.2.31 of the DeKalb County Code.

Notary Public

Owner(s)

Date: _____

Stamp/Seal:

ZONING OFFICE USE ONLY

Zoning Classification:

Print Name Signature

APPROVED
YES NO

DATE