



County of Amherst

Department of Community Development

Division of Planning & Zoning

TELEPHONE (434) 946-9303

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AMHERST COUNTY ADMINISTRATION BUILDING 153 WASHINGTON STREET P. O. Box 390 AMHERST, VIRGINIA 24521

Home Occupation Permit Application

| Section A | | Permit No: | | | | | | |
|--|-----------------------------|----------------|-----------------------------|--|--|--|--|--|
| | | | | | | | | |
| Applicant Name | | | | | | | | |
| Mailing Address | City | State | Zip Code | | | | | |
| Property Address | City | State | Zip Code | | | | | |
| Applicant Phone | Applicant Email | | | | | | | |
| Property Owner | | | | | | | | |
| Section B | | | | | | | | |
| Is there an existing occupation for If so, provide details Tax Map # | | NO | | | | | | |
| Section C | | | | | | | | |
| Type of building: DWI | ELLING ACCESSORY | OTHER: | | | | | | |
| Total floor area: | sq. ft. | | | | | | | |
| Proposed floor area of home | occupation: | sq. ft. | | | | | | |
| Current use: | Proposed use | : | | | | | | |
| Provide details about type of b | ousiness, machinery and equ | uipment involv | ed, hours of operation, no. | | | | | |
| of employees, name of busines | | | | | | | | |

All applicants must read and agree to the following sections of the Amherst County Code:

For home occupations in Residential Districts, per Section 703.02(3): Home occupations, so long as the following criteria are met, are permitted: no outside storage, no signage, no employees or customers may come to the property, no increase in neighborhood traffic or change in type of traffic may occur.

For ALL home occupations, per Section 905:

General requirements:

- 1. The applicant must be the owner of the property on which the home occupation is to be located or must have written approval of the owner of the property if the applicant is a tenant.
- 2. The home occupation shall be operated only by the members of the family residing on the premises and no article or service shall be sold nor offered for sale except as may be made by members of the immediate family residing on the premises.
- 3. The home occupation shall not generate excessive traffic nor produce obnoxious odors, glare, noise, vibration, electrical disturbance, radio activity or other conditions detrimental to the character of the surrounding area.
- 4. Restriction on home occupations shall not apply to the sale of unprocessed agricultural and husbandry products.

Special requirements:

- 1. The home occupation within the main building shall not occupy more than twenty-five (25) percent, or five hundred (500) square feet, whichever is smaller, of the floor area within the main building.
- 2. The home occupation located in an accessory building to the main dwelling shall be no larger than one-third (1/3) area size of the main dwelling, shall be located in the rear yard, and shall meet the requirements in Section 901 herein.
- 905.04. Expiration. A zoning permit for home occupations shall expire under the following conditions:
- 1. Whenever the applicant ceases to occupy the premises for which the home occupation was issued, and no subsequent occupant of such premises shall engage in any home occupation until he shall have been issued a new permit after proper application.
- 2. Whenever the holder of such a permit fails to exercise the same for any period of twelve (12) consecutive months.

| I hereby certify that the foregoing information and attachments are true and | l accurate to the hest of my knowledge and |
|--|--|
| agree to the above requirements for my home occupation. | and the same of th |
| Applicant's Signature | Date |

| DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY | | | | | | | | |
|--|---|-------------------|---------|----------------|------|--------------------|--|--|
| ZONING DISTRICT | <u></u> | | | | | | | |
| CONFORMING: | LOT(S) EXISTING BUILDING EXISTING USE: PROPOSED USE: | G: YE YE YE | S S | NO NO NO | | | | |
| Is the owner the applicant? | Is an owner permission letter attached? | | | | | | | |
| COMMENTS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| APPROVED/DENIED BY | ZONING ADMINISTR | RATOR* | | | | | | |
| SIGNATURE Amherst County Planning an | d Zoning Office | P.O. Box 390, Am | herst ' | VA 24521 | DATE | Tele: 434.946.9303 | | |

^{*}Any zoning permit shall automatically expire twelve (12) months from the date of issuance of the persons, firm, or corporation to which the permit was issued has not clearly demonstrated that the permit is being exercised for the purpose for which it was issued, or if so authorized is discontinued or suspended for a period of twelve (12) months.