

CITY OF BEAUFORT

HOME OCCUPATION APPLICATION

FEE: \$25

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

APPLICANT'S NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

For Official Use ONLY:

Date: _____

Approved By: _____

For: Type 1 Type 2

Describe (in detail) the proposed business to be conducted in the above residence:

ANSWER THE FOLLOWING QUESTIONS BY CHECKING "YES" OR "NO":

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Will any persons aside from the members of the household be employed in the home occupation? If so, how many? _____
<input type="checkbox"/>	<input type="checkbox"/>	Will customers or clients be visiting the premise?
<input type="checkbox"/>	<input type="checkbox"/>	Will a utility trailer be used for this Home Occupation? If yes, will it be <input type="checkbox"/> open <input type="checkbox"/> enclosed? List size of trailer _____
Attach a site plan where the vehicle/trailer will be parked.		
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any deliveries made to the residence?
<input type="checkbox"/>	<input type="checkbox"/>	Will accessory structures such as garages be utilized in the business, either for the home occupation itself or storage, etc.? Please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any renovations to the dwelling?
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting a sign?
<input type="checkbox"/>	<input type="checkbox"/>	Will the home occupation potentially generate noise, vibration, smoke, dust, odor, heat, glare, traffic, or parking problems?

CONDITIONS: _____

APPLICANT'S SIGNATURE

PURSUANT TO SECTION 6-29-1145 OF THE SOUTH CAROLINA CODE OF LAWS, IS THIS TRACT OR PARCEL RESTRICTED BY ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION? ___ YES ___ NO