

CITY OF BEAUFORT HOME OCCUPATION APPLICATION

FEE: \$25

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

APPLICANT'S NAME: _____

PHONE NUMBER: _____

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 building potentially generate noise, vibration, smoke, dust, odor, heat, glare, traffic, or parking problems? |

CONDITIONS: _____

APPLICANT'S SIGNATURE

ATTACHED ARE THE REGULATIONS FOR TYPE 1 AND TYPE 2 HOME OCCUPATIONS IN ANY PERMITTED ZONING DISTRICT: