COUNTY OF YORK **Acct#: _____**

APPLICATION FOR STARTING A NEW HOME BASED BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Safety * Fire & Rescue
(757) 890-3383 (757) 890-3523 (757) 890-3522 (757) 890-3600

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Corp.

Applicant/Owner:
(BASED ON OWNERSHIP) _____

Trade Name: _____

Office Use Only
Fictitious Name Documents Reviewed: ____
Initials or N/A

Mailing Address: _____ _____
Street # Street Name Suite/Apt. # P. O. Box

_____
City State Zip Code

Business Address: _____ _____
Street # Street Name Suite/Unit/Apt. # City State Zip Code

Date Business Established in York County: _____
MM-DD-YYYY

Federal I.D. # OR Social Security # _____ State I.D. # _____

Email Address: _____ Website Address:_____

Local Business Phone: _____ Corp./Main Office Phone: _____

Cell Phone: _____ Fax Number: _____

Detailed Description of ALL Proposed Business Activities* - (Examples: Professional-Lawyer; Repair-Auto; Consultant-Computer; Retail-Beauty Products):

_____

*If your business activity changes after the initial application, contact the office of the Commissioner of the Revenue prior to initiating the change **to determine if it affects your business classification**.

Applicant/Ownership Information **(PLEASE PRINT)**

List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

_____
Name Title SS# (Optional)

_____
Home Address Home Phone Cell Phone

Office Use Only
Proof of Identification:
_____
Valid through: _____

_____
Name Title SS# (Optional)

_____
Home Address Home Phone Cell Phone

Office Use Only
Proof of Identification:
_____
Valid through: _____

TAX ASSESSMENT – BASED ON ESTIMATED GROSS RECEIPTS

CLASSIFICATION OF LICENSE – BASED ON DETAIL DESCRIPTION OF BUSINESS ACTIVITY: _____

$_____ $_____ OR $_____ + $_____ = $_____
ESTIMATED GROSS RECEIPTS ROUNDED FEE TAX FLAT FEES TOTAL DUE

FILING PERIOD ESTIMATE _____ THROUGH _____
MM-DD-YYYY MM-DD-YYYY

OATH: I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes.

Applicant(s) Signature: _____ Date: _____

Acct#: _____

COUNTY OF YORK
ZONING AND CODE ENFORCEMENT

ZONING CLEARANCE FOR HOME OCCUPATION STATEMENT

Commissioner of the Revenue (757) 890-3383 * Zoning & Code Enforcement (757) 890-3523 * Building Regulations (757) 890-3522 * Fire & Rescue (757) 890-3600

I, the undersigned applicant for a business or professional license, understand that to conduct a business of any nature in a residential district is strictly limited by the Zoning Ordinance of the County of York. All home occupations shall be subject to the following provisions pursuant to Section 24.1-281:

(a) No person other than individuals residing on the premises shall be engaged on the premises in such operation unless otherwise authorized under Section 24.1-283(e).

(b) The home occupation shall be clearly incidental and subordinate to the residential use of the property. The use may not exceed four hundred (400) square feet or twenty-five percent (25%) of the floor area of the residence, whichever shall be less.

(c) There shall be no change in the outside appearance of the building or premises or other evidence of the conduct of such home occupation visible from the street or adjacent properties. Wall signs cannot exceed 3 sq. ft. in area, and free standing signs cannot exceed 3 sq. ft. in area, and 3 sq. ft. in height. Outdoor storage is not permitted.

(d) There shall be no on-premises sales of goods or materials to the general public except as may be authorized by special use permit in accordance with the standards established in Section 24.1-283.

(e) Such home occupation shall not generate traffic, parking, sewage or water use in excess of that which is normal in the residential neighborhood.

(f) No mechanical or electrical equipment or flammable or toxic substances shall be utilized other than that which would customarily be utilized in the home in association with a hobby or avocation not conducted for gain or profit.

(g) Any demand for parking generated by the conduct of such home occupation which is in addition to the spaces required for the residential use shall be accommodated off the street in a suitable located and surfaced space. Parking must be ten feet (10') [3m] from any property line and where three (3) or more spaces are required they shall be effectively screened and buffered by landscaping from view of adjacent residential properties and the home occupation shall be authorized only by issuance of a special use permit by the board. If more than five (5) parking spaces are required in addition to the residential use for the home occupation, the home occupation shall be prohibited.

(h) The occupation or activity shall not require the use of machinery or equipment that creates noise, odor, smoke, dust or glare or is dangerous or otherwise detrimental to persons residing in the home or on adjacent property. Commercial vehicles must be kept in a garage or an enclosed and screened storage yard.

(i) No equipment or process used as a part of the occupation or activity shall disrupt residents of nearby dwellings.

(j) No heavy truck or vehicle, or piece of equipment having a gross rated carrying capacity of more than one (1) ton [900kg] gross weight shall be parked or stored on or operated from the site in connection with a home occupation unless such vehicle or equipment has been specifically authorized in conjunction with a use permit authorizing a small contracting business.

OATH: **I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license. I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed approval to operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes.**

Print Name of Applicant(s) **Signature of Applicant**	**I intend to use my home (please initial as applicable):**
Print Trade Name of Business (if applicable) **Telephone Number**	**_____As an office in home only**
	_____To keep four (4) children or less
	_____To instruct four (4) or less at one time
Location of Business/Street Address **Date of Application**	**_____Other – Explain:**

Describe in detail nature of business to be operated at the above street address

FOR OFFICE USE ONLY

☐Approved ☐Denied by: _____
Signature Title Date

REMARKS: