**HOME OCCUPATION**

**PERMIT APPLICATION TOWN OF CHAPEL HILL**

**Planning Department**

405 Martin Luther King Jr. Blvd

*phone* (919) 969-2728 *fax* (919) 969-2014

www.townofchapelhill.org

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|  |  |  |  |
| --- | --- | --- | --- |
| Parcel Identifier Number (PIN): |  | Date: |  |

**Section A: Applicant, Owner and/or Contract Purchaser Information**

**Applicant Information** (to whom correspondence will be mailed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip Code: |  |
| Phone: |  | Email: |  | | |

The undersigned applicant hereby certifies that, to the best of their knowledge and belief, all information supplied with this application is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Owner/Contract Purchaser Information** (if different than above)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Owner** | | | |  | **Contract Purchaser** | | | |
| Name: | |  | | | | | | |
| Address: | |  | | | | | | |
| City: | |  | State: |  | | | Zip Code: |  |
| Phone: | |  | Email: |  | | | | |

The undersigned applicant hereby certifies that, to the best of their knowledge and belief, all information supplied with this application is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Section B: SUBMITTAL REQUIREMENTS**

**Section B: DESCRIPTION OF BUSINESS**

Briefly describe the type of business you propose to have in your home. Information should include, if relevant, number of clients per day, type of product produced, how the product will be distributed (US Mail, UPS, etc.), how often pickups will be made at home, and the area in your home designated for the home occupation. Please submit with this application a floor plan sketch of the home or accessory structure, showing the square footage designated for the home occupation.

The following must accompany your application. Failure to do so will result in your application being considered incomplete. For assistance with this application, please contact the Chapel Hill Planning Department at (919)969-5066 or at [planning@townofchapelhill.org](file:///\\chfs\mailto:planning@townofchapelhill.org).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Application fee** (Refer to fee schedule) | Amount Paid $ |  |
|  |  | **Photocopy of current NC Driver’s license or State ID** (must have same address as the application. | | | |
|  |  | **Signed and Dated Conditions of Approval (see below)** | | |
|  |  | **Floor Plan/Site Plan showing location of the home occupation** | | |

**Conditions of Approval:**

1. There will be no more than one full-time equivalent employee (who is not a member of the family residing in the home). "Full-time equivalent employee" refers to one or more employees who work a total of no more than 40 combined hours on-site per week.
2. The use of the dwelling or accessory building for the home occupation will be clearly incidental and subordinate to the use of the property for residential purposes.
3. Not more than 35% nor more than 750 square feet of the floor area of the dwelling unit and any accessory buildings combined shall be used in the conduct of the home occupation.
4. There will be no external evidence of the conduct of the home occupation, including commercial signs.
5. The home occupation will not generate traffic volumes or parking area needs greater than would normally be expected in the residential neighborhood.
6. In general, there will be no more than 3 vehicles parked at a given time on or off-street for non-residential purposes. Home occupations for arts education or similar educational purposes are exempt from any parking restrictions.
7. There will not be regular pick-up and delivery by vehicles other than those of a size normally used for household deliveries.
8. No equipment or process shall be employed that causes noise, vibration, odor, glare, or electrical or communication interference detectable to the normal senses off the lot for detached dwelling units or outside of the dwelling unit for attached dwelling units.
9. The on-premises sale and delivery of goods which are not the products of the home occupation are prohibited, except that the sale of goods which are incidental to a service of the home occupation is permitted.
10. A Zoning Compliance Permit is required for the operation of a home occupation. The permit shall describe the nature of the business and include the applicant's certification that the home occupation will be conducted in accord with the Land Use Management Ordinance and other applicable laws and ordinances. Once a home occupation permit has been granted, it shall remain in effect until: (1) it is revoked by the Town; (2) the home occupation is terminated by the resident(s) for 180 or more days, or (3) the holder of the permit moves from the residence.

**I agree to meet the Land Use Management Ordinance criteria as defined above.**

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| Applicant’s Signature: |  | Date: |  |