

Charles City County
Department of Community Development
10900 Courthouse Road
Charles City, VA 23030
804-652-4707
804-829-5819
www.charles-city.va.us

Application Number: _____
Tax Map Number: _____
Date Submitted: _____
Amount \$ _____ Ck# _____



Home Occupations & Home-Based Business Zoning Permits

PLEASE READ

Home Occupations and Home-Based Business Standards are intended to ensure compatibility with other permitted uses and with the character of the neighborhood. You are required to obtain a business license from the County Commissioner of Revenue's Office. If you are a resident of Charles City County and your business is in your home, then a Home Occupation or Home-Based Business Zoning Permit is required.

A Home Occupation is run from your home where there are not any non-resident employees. A Home-Based Business is run from your home where you may have up to four (4) employees, whether they reside in the home or reside elsewhere.

PLEASE SELECT FROM BELOW:

Is the application for a Home Occupation? ___Yes ___No - If Yes, See **Part 1 below**

Is the application for a Home-Based Business? ___Yes ___No - If Yes, See **Part 2 on next page**

PART 1 - STANDARDS FOR A HOME OCCUPATION

1. No person other than members of the family residing on the premises shall be engaged in such Home Occupation.
2. The use of the dwelling unit for the Home Occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants.
3. Not more than 25 percent of the floor area of the dwelling unit or 2,000 square feet of the floor area, if the business is conducted in an accessory structure (garage or similar) shall be used in the conduct of the Home Occupation.
4. The onsite business must be clearly incidental and subordinate of the use of the residential dwelling or accessory structure.
5. The Home Occupation generates no exterior impacts such as storage, traffic, parking, noise, vibration, glare, odors, or electrical interference.
6. The residential appearance of the dwelling and character of the neighborhood must be maintained.

FOR HOME OCCUPATION APPLICANTS:

I _____, certify that the forging information in my application/attachments are true and accurate to the best of my knowledge. I further certify that I have read and understand the applicable Zoning Ordinance provisions related to my proposed Home Occupation. I understand this permit is invalid if necessary, approvals from Federal, State, and Local agencies are not obtained. I understand approval of the permit shall expire if the business is not in operation within 6-months of the date of this permit's approval.

Applicant's Signature: _____ Date: _____

PART 2: STANDARDS FOR HOME BASED BUSINESS

1. No more four (4) employees maybe engaged in the Home-Based Business whether they are residents or non-residents.
2. Such Home Based Business may include the use of accessory structures or outside areas, to include but not limited to the service and repair of motorized vehicles and equipment, cabinet shops, machine shops, and contractors' offices.
3. A Home-Based Business shall not occupy more than 30% of the gross lot area up to a maximum of 20,000 total square feet.
4. The primary hours of operation for Home Based Business shall be limited to 7:00 am to 7:00 pm Monday through Saturday.
5. No equipment or process shall be allowed which creates noise, vibrations, glare, fumes, odors, or electrical interference. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio, phone, or television receivers off the premises.
6. Outside storage of goods, products, equipment, or other materials associated are acceptable if it is screened from view of adjacent properties and roadways by a solid board fence and/or landscaping as approved by the Zoning Administrator.
7. Not more than four (4) vehicles and/or pieces of equipment associated with a business shall be operated from the site or stored there overnight.
8. Any need for parking generated by the conduct of such Home Based Business shall be off the street.

FOR HOME BASED BUSINESS APPLICANTS:

I _____, certify that the forging information in my application/attachments are true and accurate to the best of my knowledge. I further certify that I have read and understand the applicable Zoning Ordinance provisions related to my proposed Home Occupation. I understand this permit is invalid if necessary, approvals from Federal, State, and Local agencies are not obtained. I understand approval of the permit shall expire if the business is not in operation within 6-months of the date of this permit's approval.

Applicant's Signature: _____ Date: _____

Charles City County
Department of Community Development
Home Occupation/Home Based Business Zoning Permit Application



Please Check

Home Occupation Home Based Business

Applicant

Name: _____

Address: _____

Phone: _____ Email: _____

Landowner (if different than applicant)

Name: _____

Address: _____

Phone: _____ Email: _____

Property Information

Physical Address: _____

Tax Map Number: _____

Subdivision (if applicable): _____

Legal Name of Business: _____

Business Information:

Describe in detail the type of business operation, number of employees, hours of operation and machinery involved: _____

Number of Sign(s): _____ Size of Signs: _____

Number of off-street parking spaces: _____

Does the entrance connect to a public road: __ Yes __ No

Total Floor Area of Home: _____ sq. ft.

Proposed floor area of home or accessory structure **USED** in business operation: _____ sq. ft.

Will additions be made to the home or accessory structure: _____

Will excessive noise, dust, smoke, odor, or traffic be created by the business: _____ Yes __ No

If applicable, you will need to submit a Health Department Permit for the Home Occupation or Home-Based Business.

I/We have read this completed application, understand its' intent, and freely consent to its filing. The information provided is accurate to the best of my/our knowledge. I understand that the County may approve, conditionally approve, or deny the request for which I am applying. Furthermore, I grant permission to the Department of Community Development and other authorized government agents to enter the property and make such investigations as they deem necessary to evaluate the request. I/We further certify all information provided is true and accurate under penalty of perjury.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Zoning District: _____

Required Setbacks: _____ Front _____ Rear _____ Left Side _____ Right Side
(feet)

Conforming Existing Use _____ Yes _____ No
Proposed Use _____ Yes _____ No

Comments/Conditions:

Approved: _____
Zoning Administrator

Date: _____

Completed applications should be returned to Community Development, 10900 Courthouse Road, Charles City, VA 23030 with appropriate fee. Checks should be made payable to Charles City County Treasurer. No business may commence prior to zoning.