# HOME OCCUPATION PERMIT APPLICATION

King William County
Department of Community Development
180 Horse Landing Road #4, King William, Virginia 23086
Phone (804) 769-4980 Fax (804) 769-2235

Property Owner _____ Ph. # _____

Mailing Address _____

Email Address _____

Applicant (if different from Owner) _____ Ph. # _____

Mailing Address _____

Email Address _____

Property Address _____

Tax Map Number _____ Zoning District _____ Subdivision _____

Lot Size _____

**Home Occupation Information**

Business Name _____

Description of Business_____

_____

1. Please note: No business may commence prior to zoning approval. Applicant must apply for business license from the Commissioner of Revenue once a zoning permit is obtained and approved by the Zoning Administrator.
2. Not more than the equivalent area of one-half of one floor shall be used for such purposes.
3. Approved occupation shall not require external or internal alterations to the building.
4. Not more than one person, excluding family members, shall be employed on the premises.
5. No commodity may be stored or sold, except those that are made on the premises.
6. There may not be any group instruction, assembly, or activity allowed on the premises.
7. No display to indicate from the exterior of the building is being utilized for any purpose other than that of the dwelling.
8. If approved this permit will only be valid for use at the property address noted on your permit. If your residence changes you will have to reapply for a new home occupation permit.
9. All information provided on this application shall be accurate and provide no misrepresentation. If the occupation for this property needs update or changes use, a separate Home Occupation Permit shall be issued and fee be assessed.
10. All approved Home Occupation Applications may be subject to a $75 fee per the Zoning Administrator.

Owner Name _____ _____ Date _____
Print Signature

Applicant Name _____ _____ Date _____
Print Signature

**FOR STAFF USE ONLY – DO NOT WRITE IN THIS AREA**

**Zoning Verified:** **Yes** **No**

**Authorized Signature** _____

**Date** _____

**Notes** _____