



COUNTY OF YORK

APPLICATION FOR STARTING A NEW HOME BASED BUSINESS

Acct#: _____

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 Company

Applicant/Owner: _____
 (BASED ON OWNERSHIP)

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

Trade Name: _____

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 ID # _____ OR Social Security # _____ Sales Tax ID # _____

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#
Home Address	Home Phone	Cell Phone

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

Name	Title	SS#
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: _____

\$ _____ FILING PERIOD ESTIMATE
 ESTIMATED GROSS RECEIPTS ROUNDED

\$ _____ FEE

OR

\$ _____ TAX

+

\$ _____ FLAT FEES

= \$ _____ TOTAL DUE

THROUGH _____ MM-DD-YYYY

THROUGH _____ 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: _____



COUNTY OF YORK
ZONING AND CODE ENFORCEMENT
ZONING CLEARANCE FOR HOME OCCUPATION
STATEMENT

Acct#: _____

Commissioner of the Revenue * Zoning & Code Enforcement * Building Safety * Fire & Rescue
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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
Print Trade Name of Business (if applicable) Telephone Number
Location of Business/Street Address Date of Application
I intend to use my home (please initial as applicable):
As an office in home only
To keep four (4) children or less
To instruct four (4) or less at one time
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: