



DPZ Office Use only:	
Appl No	_____
Date Filed	_____

Home Occupation Application

Please respond to all questions. Indicate "not applicable" for those questions that have no relevance for your business. Additional sheets may be attached if needed.

Name:

Business Name:

Address:

Tax Map #

Grid

Parcel

Phone No.:

Email Address:

	Home Occupation will be conducted:	Total Square Footage of existing residence (basement & garage)	Total Square Footage in the residence (or accessory building) to be used for occupation (cannot exceed 1/3 of the gross floor area)
	Entirely within the existing residence		
	Entirely within an existing accessory building		
	Partially within both		

1. Describe the business-related activities which will take place at the residence:

2. Indicate what business-related items will be delivered to or stored at the residence:

3. If the storage of any business-related items is to take place elsewhere, list those locations:

4. If the business involves the sale of merchandise, describe the locations where sales will be made or the method for receiving orders and delivering merchandise to the customers:

5. If the business involves conducting home-based parties (for the display and sale of goods such as fashion accessories, skin care products, etc.) at this site as addressed above, indicate the anticipated frequency of these functions:

- 6. Will clients or other business-related visitors visit the residence?

- 7. Indicate the total number of employees who will work on the site:
 - Number of residential employees:
 - Number of nonresidential employees:
 - Maximum number of nonresident employees who will be on the premises at one time:

- 8. If nonresident employees, clients or other business-related visitors will visit the residence, indicate the total number of individuals expected at the time of peak usage:

- 9. Any other relevant information describing the operation of the business:

- 10. Please include a **plot plan of the subject site** showing: the location and dimensions of the structures associated with the occupation; the available parking areas with the number of spaces indicated; and the driveway.

- 11. Please provide a **floor plan of the structure(s)** associated with the occupation depicting the total area of the structures and the area to be used by the Home Occupation.

Signature: _____ Date: _____

Please return this application and \$25 fee (cash or check payable to Director of Finance) to:

*Department of Planning & Zoning
3430 Courthouse Drive
Ellicott City MD 21043-4350*

For DPZ office use only

Application Received: _____

Zoning District: _____

Reviewed by: _____

Approved/Denied date: _____

Notes: _____