



Planning Department  
1150 N. Broome Street, PO Box 617  
Waxhaw, NC 28173  
704-843-2195 (Phone)  
704-243-3276 (Fax)  
www.waxhaw.com

Date Received	_____
Permit Fee	_____
Permit Number	_____

## HOME OCCUPATION PERMIT

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Relationship of Applicant to Property Owner: \_\_\_\_\_

Address/Location of Property: \_\_\_\_\_

Parcel No: \_\_\_\_\_ Zoning: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**25% of floor area of home, or 1,000 square feet (whichever is less) can be used for a home occupation.**

Square foot of area used for home occupation \_\_\_\_\_

Total square footage of home \_\_\_\_\_

Percent of home used for home occupation \_\_\_\_\_

### SUPPLEMENTAL INFORMATION REQUIRED FOR HOME OCCUPATIONS

Please check each of the following items to indicate compliance of proposed home occupation.

- There is no associated outdoor storage.
- There shall be no non-associated retail sales.
- There are no more than 2 non-resident employees.
- The use shall not create a nuisance to adjacent sites.
- There shall only be passenger vehicles associated with the home occupation.
- The use shall comply with any other applicable UDO regulations.

**In order to be considered complete, the following must accompany application:**

1. Application fee paid in full must be received prior to the issuance of a Home Occupation permit (checks should be made payable to the Town of Waxhaw).
2. A detailed description of the operation or business shall be included under "Type of Proposed Use" and any other information that may be needed to ensure that the proposed use is in compliance with all applicable provisions of this Ordinance.

**CERTIFICATIONS**

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I will contact Waxhaw Building Inspections, Waxhaw Fire Marshal, Union County Environmental Health, and applicable HOA's upon approval of this Home Occupation Permit.

\_\_\_\_\_  
(Signature of Applicant) (Date)

*If the applicant is not the property owner, please complete the following:*

2. I do hereby authorize above applicant to submit this Home Occupation permit application to the Zoning Administrator on my behalf. I will contact Waxhaw Building Inspections, Waxhaw Fire Marshal, Union County Environmental Health, and applicable HOA's upon approval of this Home Occupation Permit.

\_\_\_\_\_  
(Signature of Property Owner) (Date)

**The following shall be completed by the Zoning Administrator:**

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Unified Development Ordinance, I **HEREBY:**

- APPROVE  
 DISAPPROVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Staff Reviewer) (Date)

\_\_\_\_\_  
(Zoning Administrator) (Date)