

INSTRUCTIONS FOR HOME OCCUPATION APPLICATION

1. Read the Home Occupation Definitions and determine if your occupation is a Class A or Class B.
2. If Class A - Complete the Development Permit for Zoning and Building Form and the Application for Home Occupation Permit Form. Give a description of the business in the comments section of the form.
3. If Class B – Requires Conditional Use Permit. Complete a Request for Information form, submit with a plat of the property and a written description of the business.
4. Provide a copy of the plat of the property where the business will be taking place, indicating the location of any new or existing structures.
5. The fee is \$50.00, which must be paid at time of application.
6. Bring the above information to the Community Development Department. Leave your name and telephone number where you can be contacted.
7. Once the review is complete, which takes approximately one week, you will be contacted either for additional information or to be notified of approval. Your approved permit can be mailed to you.

Note: Please answer all questions and be specific. Incomplete applications **will not** be accepted.

HOME OCCUPATION DEFINITIONS

*Home occupation, class A – An occupation, except for farming, conducted primarily on-site involving persons residing on the premises. Such occupations may require the use of accessory structures or outside areas and may include the service and repair of agriculture related vehicles and equipment. Such uses are customary, incidental and secondary to the property's primary residential purpose and must be generally compatible to the existing character of the surrounding area. No more than five clients or customers and two employees who do not live on the premises shall be allowed on the premises at any one time on a regular basis.

* If defined as Class A, please continue with Home Occupation application.

** Home occupation, class B – An occupation, except for farming, conducted primarily on-site involving persons residing on the premises. Such occupations may require the use of accessory structure or outside areas, and may include the service and repair of agriculture related vehicles and equipment. Such uses are incidental and secondary to the property's primary residential purpose and must be generally compatible to the existing character of the surround area. No more than ten employees or clients shall be allowed on the premises at any one time on a regular basis.

** Home occupation, class B requires a conditional use permit. Please fill out a Request for Information and submit a plan of business to continue.

COUNTY OF LOUISA
APPLICATION FOR HOME OCCUPATION PERMIT – CLASS A

Applicant Name: _____ Applicant's Telephone #: _____

Applicant's Mailing Address: _____

Physical Address of Proposed Business: _____

Description of Proposed Business/Use: _____

Tax Map Parcel: _____ Business Name: _____

Zoning District: _____ Subdivision Name: _____

Owner's Name, Address & Telephone (if different): _____

Total number of employees working on the premises: _____ Number of employees that reside on the premises: _____

Number of clients and customers that are present at the site at any given time: _____

Hours of Operation (on premises): _____ Number of parking spaces available: _____

List any accessory structures or outside areas that will be used in association with the business: _____

List any additional traffic to and from site (i.e. delivery trucks): _____

Type and number of business vehicles (include equipment): _____

Additional Comments: _____

I, the undersigned residential occupant, do affirm that the business identified above will operate as a home occupation under the conditions set forth below: (Section 86-2 of the Louisa County Ordinance)

Home occupation, class A. An occupation, except for farming, conducted primarily on-site involving persons residing on the premises. Such occupations may require the use of accessory structures or outside areas, and may include the service and repair of agriculture related vehicles and equipment. Such uses are customary, incidental and secondary to the property's primary residential purpose and must be generally compatible to the existing character of the surrounding area. No more than five clients or customers and two employees who do not live on the premises shall be allowed on the premises at any one time on a regular basis.

I also acknowledge that before any expansion or change of use on the above-referenced property, it is my responsibility to contact the Zoning Administrator and obtain appropriate authorization.

Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Comments: _____

Zoning Administrator: _____ Date: _____

In accordance with the Code of Virginia, Section 15.2-2311, any person aggrieved by this decision must appeal within 30 days of this date.

Last updated 11/16/2012

Fee: \$50.00

Permit Number: _____

County of Louisa
P.O. Box 160
Louisa, Virginia 23093
(540) 967-3430
Fax: (540) 967-3486



Development Permit

Zoning & Building

(Complete the Appropriate Areas)

ZONING
PERMIT #: _____

BUILDING
PERMIT #: _____

Expiration Date: _____

Owner/Applicant: _____

Address: _____ Phone #: _____

Contractor Name and Address: _____ Phone #: _____

State License No. _____ A B C Classification _____ Expiration Date: _____

County License No. _____ Date Issued: _____ Expiration Date: _____

Tradesman Certification: _____ Date Issued: _____ Expiration Date: _____

Tax Map No. _____ Parcel No. _____ Lot No. _____ Building No. _____

Magisterial District _____ Present Acreage _____ Proposed Acreage _____

CUP/SEP _____ Variance _____ Disturbed Acreage _____

Zoning Classification _____ Subdivision _____ State Route _____

Deed Book/Page No. _____ Plat Book No. _____ Site Plan _____

Directions to Site: _____

Existing Structures on Property: _____

Class of Work:

New Building Addition Repairs/Alteration Change of Use Other

Structure:

Single-Family Modular Multi-Family
 Commercial/Industrial Single-wide Manufactured Home Double-wide Manufactured Home
 Agricultural Percolation Test (Certification Letter) Other

No. of Bedrooms _____ 100% Reserve Mandatory _____

Type of Water Supply: Public Private (well)

Type of Sewage Disposal: Public Private (septic tank)

I declare that the statements made and the information given on this Application are true, full and correct to the best of my knowledge and belief and I agree to conform to all Zoning and Building Regulations. I give my permission to the County Zoning Administrator, Building Inspector and Sanitation Officer to enter onto this property for appropriate inspection. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setbacks requirements stated on this form.

Signature of
Owner or Authorized Agent: _____ Date: _____

Approved by Zoning Administrator
or Designated Agent: _____ Date: _____

Nature of Work: _____

Value of Job: _____