



Zoning Use Permit Application – Customary Home Occupation

Street # _____ **N,S,E,W** _____ **Street Name** _____ **AV, RD, ST, etc.** _____ **Suite** _____

Project/Subdivision Name: _____ **Phase:** _____ **Section:** _____

Current Property Use(s):	<hr/> <hr/> <hr/> <hr/>
Description of Proposed Use(s):	<hr/> <hr/> <hr/> <hr/>

Article 9.19 Home Occupation

A home occupation is permitted accessory to any dwelling unit (except manufactured housing) in accordance with the following requirements:

1. The home occupation must be clearly incidental to the residential use of the dwelling and must not change the essential residential character of the dwelling.
2. A home occupation conducted in an accessory structure shall be housed only in a garage or other accessory structure typically associated with a dwelling.
3. The use shall employ no more than one person who is not a resident of the dwelling.
4. A home occupation housed within the dwelling shall occupy no more than 25 percent of the total floor area of the dwelling.
5. There shall be no visible outside display of stock in trade which is sold on the premises.
6. There shall be no outdoor storage or visible evidence of equipment or materials used in the home occupation, excepting equipment or materials of a type and quantity that could reasonably be associated with the principal residential use.
7. Operation of the home occupation shall not be visible from any dwelling on an adjacent lot, nor from a street.
8. Only vehicles used primarily as passenger vehicles will be permitted in connection with the conduct of the home occupation.
9. The home occupation shall not utilize mechanical, electrical, or other equipment which produces noise, electrical or magnetic interference, vibration, heat, glare, or other nuisances outside the dwelling or accessory structure housing the home occupation.
10. Home occupations shall be limited to those uses which do not draw clients to the dwelling on a regular basis.
11. Outdoor kilns used for the firing of pottery shall be provided with a semi-opaque screen to obstruct the view from the street and from adjacent properties located in residential districts, shall have a secured work area, and shall be a minimum of 10 feet from abutting property lines.
12. No business identification or advertising signs are permitted.

Applicant

Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) of the applicant the proposed use will comply with Article 9.19 and all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature _____

Title _____ Email _____

Address of Applicant _____

Property Owner (if different than applicant)

* Printed Name _____ Phone _____

Corporation Limited Liability Company Trust Partnership Other: _____

By signature below, I hereby acknowledge, as/on behalf of (circle one) of the property owner the proposed use will comply with Article 9.19 and all applicable regulations of the Town of Huntersville Zoning and Code of Ordinances related to the use as indicated by Planning Department Staff.

Signature _____

Title _____ Email _____

Address of Applicant _____

* Property owner hereby grants permission to the Town of Huntersville personnel to enter the subject property for any purpose required in processing this application.

If signed by an agent on behalf of the Owner, this application MUST be accompanied by a notarized Limited Power of Attorney signed by the property owner (s), specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION. **If additional space is needed for signatures, attach the Town of Huntersville Signature Addendum Form.**

For Planning Department Use Only					
Parcel ID: _____	Zoning: _____ <input type="checkbox"/> Huntersville <input type="checkbox"/> Mecklenburg				
Minimum Setbacks: Front _____	Left Side _____ Right Side _____ Rear _____ Corner Lot <input type="checkbox"/>				
Lot#: _____	Map#: _____ Page#: _____ Req'd Parking#: _____ Screening _____				
Mecklenburg County Health Department Approval _____	Plot Plan _____ Zoning Inspection _____				
Permit Conditions					

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