

100 East Main Street Christiansburg, VA 24073 p: (540) 382-6120 f: (540) 381-7238

## **Home Occupation Application**

Applicant:	Date:
Applicant Email Address:	Phone:
Proposed Home Occupation name (if any)	:
	Zoning District:
Tax Map Number (for office use):	Parcel ID Number (for office use):
Property owner:	Property owner's address:
activities involved, materials and equipme	osed home occupation (including type of product or service provided, ent used, methods of operation, etc.):
	proposed home occupation? Please indicate if these persons live on-
	mises that might be required to facilitate the proposed home any structural changes/additions).
	d by the proposed home occupation and the use. (for example: es, den will contain a desk, computer, and filing cabinets).
5) Describe any mechanical, electrical, or oth	her equipment that would be used by the proposed home occupation.



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6) Describe how, where, and in what amounts materials, supplies occupation will be displayed or stored.	
7) Will people come to the proposed site to obtain any product, vicalsses, or otherwise utilize the site for business purposes?  If yes, please explain in detail (please include expected number)	Yes / No
8) Will there be a sign for the proposed home occupation? (Signs as a Conditional Use Permit for a Major Home Occupation.)	s are not allowed unless approved by Town Council Yes / No
9) Will there be any outside indication of a business in connection  Yes / No If yes, please provide detail.	
10) If a car, truck or other equipment will be used in the proposed and where they would be parked or stored. Please also note any	home occupation, describe the equipment/vehicles
11) Will the proposed home occupation involve pick-ups or delive the site? Yes / No If yes, please provide detail (size of vehicle)	
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I, the undersigned, understand and agree to the provisions of Chapter regarding home occupations and understand that Conditional Use I	
Home Occupation Applicant Signature:	Date:
Property Owner (print):	Title (if applicable)
Property Owner Signature (if other than applicant):	Date:
The home occupation was approved / disapproved by Town Counc contingent upon compliance with Town Code and all specified con	
Date Town Ma	nager / Zoning Administrator