



### HOME OCCUPATION APPLICATION

**THIS SPACE FOR OFFICE USE ONLY**

USE TYPE: *(check one)*    CU     PU     CU w/SPR     PU w/SPR

PROPOSED USE: \_\_\_\_\_

MAP/ PARCEL NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL: **Home occupation for telephone and office use only, as per application and the Macon-Bibb Land Development Resolution, Section 23.01. No clients or employees allowed to the home. There shall be no outside storage or display of goods, materials, equipment or debris associated with this home occupation. Residential integrity must be maintained.**

***Please Read Carefully Before Completing the Following Questions***

No person may conduct any business operations from residences within the Macon/Bibb unless approved by the Macon-Bibb County Planning and Zoning Commission. You are applying for a Certificate of Zoning Compliance (permit). You must obtain this permit before any Business License will be issued. The operation of any business from the home without obtaining a Zoning Compliance is a misdemeanor and punishable by law. Inaccurate answers will be grounds for the immediate revocation of any permit

**PLEASE PRINT LEGIBLY**

DATE: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_
2. E-mail address for primary contact (**required**) \_\_\_\_\_  
***PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.***
3. Applicant's mailing address: P. O. Box \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Applicant's Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Property Owner's Name: \_\_\_\_\_
6. Property address where Home Occupation will occur:  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Describe the proposed occupation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you own or rent the dwelling in which the home occupation is to occur? Own  Rent

***PLEASE NOTE: Renters must obtain written permission from the owner of the property before any permit will be issued.***

9. Is the applicant's primary residence the same as where the home occupation address? Yes  No

10. The floor area of my home is \_\_\_\_\_ square feet.

11. My home occupation will utilize \_\_\_\_\_ square feet of the floor area of my home.

12. Will your work at home involve telephone and/or internet use only? Yes  No

13. Will the public come to your home during the operation of the business? Yes  No

14. Will any persons other than family residing on the premises conduct any of the work? Yes  No

15. Will goods and/or materials be stored in the house for the proposed home occupation? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ, SIGN AND DATE**

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission  
If you have any questions and or concerns please contact us at [info@mbpz.org](mailto:info@mbpz.org)**