



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 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. Property address where Home Occupation will occur: _____
2. Describe the proposed occupation: _____

3. Is the applicant's primary residence the same as the home occupation address? Yes No
4. Applicant's Name: _____
Business Name: _____
5. E-mail address for primary contact (required) _____
PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.
6. Applicant's mailing address: P. O. Box/ Street Address _____
City _____ State _____ Zip _____
7. Applicant's Daytime Phone: _____ - _____ - _____
8. Property Owner's Name: _____
9. 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.

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 or concerns, please contact us at info@mbpz.org**