



COMMUNITY DEVELOPMENT
Planning & Zoning Division

DATE: _____

NAME OF APPLICANT: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

ADDRESS: _____

EMAIL: _____

NAME/ADDRESS OF OWNER OF PROPERTY IF OTHER THAN APPLICANT:

Note: If applicant is not the listed owner of property, a letter of permission of home office will be required from owner or property manager.

DESCRIPTION OF PROPOSED USE: _____

TRADE NAME YOU WILL BE USING: _____

SPECIFIC AREA THAT WILL BE USED IN CONJUNCTION WITH HOME OCCUPATION:

\$50.00 REVIEW FEE PAID _____ YES _____ NO (**NON-REFUNDABLE**)

I, _____, APPLICANT, UNDERSTAND THE ISSUANCE OF A HOME OCCUPATION PERMIT BY THE CITY OF STAUNTON ZONING ADMINISTRATOR DOES NOT RELIEVE ME OF ANY RESPONSIBILITY I MAY HAVE BECAUSE OF PRIVATE CONTRACTED AGREEMENTS, INCLUDING SUBDIVISION COVENANTS AND RESTRICTIONS THAT MIGHT BE BINDING ON THE LAND WHERE THE HOME OCCUPATION IS TO BE CONDUCTED. I HAVE READ AND UNDERSTAND THE REGULATIONS AND REQUIREMENTS OF A HOME OCCUPATION AS OUTLINED IN [STAUNTON CITY CODE 18.150 HOME OCCUPATION](#).

Applicant Signature: _____

Applicant Signature Date: _____