



For Official Use Only	
Case Number:	
Hearing Date:	
Ad Date:	
Application Fee:	\$0.00
Date Paid:	

Planning Department * 140 W. Patrick Street * Frederick, Maryland 21701 * 301.600.1499

HOME OCCUPATION DETERMINATION

General Information

The operation of a full-time or part-time home based business is considered a *Home Occupation* and is regulated under Section 829 of the Land Management Code (LMC). Home occupations should be consistent with the surrounding residential community and should not impact the quality of life in these areas. In order to ensure minimal impacts, the LMC establishes several general restrictions on home occupations including:

- Visits to the home by clients or customers of the business are not permitted.
- Signage advertising the business is not permitted.
- These regulations do not apply to telecommuting.

Application Process

There are two types of Home Occupations: No Impact Home Occupations and Conditional Use Home Occupations. In order to determine which type of Home Occupation your proposal qualifies as, please complete the following application with as much detail as possible.

After completion of the application, please file this application with the Planning Department.

APPLICANT INFORMATION (OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION IF APPLICANT IS NOT THE OWNER)	
Contact Name:	
Firm/Company:	
Address:	
Phone:	email:
OWNER INFORMATION	
Name:	
Firm/Company:	
Address:	
Phone:	email:

PROPERTY INFORMATION
Property Address:
Zoning:
Structure Type (single family, townhouse, etc):

PROJECT INFORMATION
Business name:
Description of the business:

Total square footage of the home and the amount of square footage which will be dedicated to use for the business:
Employees occupied at the residence and their address(es):
Are deliveries of any type necessary for the operation of the business? If so, please provide information on the types of delivery vehicles that will be needed and the frequency of the deliveries.
Will the business require the storage of materials at the residence that are used, sold, distributed, etc? If so please provide further information on the location of the storage area and the amount of materials stored.

I hereby attest that the information provided on and attached to this application is complete and correct.

Signature of Applicant/Agent

Date

<i>Internal Use Only</i>	
No Impact Home Occupation	Conditional Use Home Occupation
Staff Signature _____	Date _____