



# Home Occupation Permit Application

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**\*\*\*Please PRINT the following information clearly:**

STREET #	ADDRESS	SUBDIVISION	LOT #
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**Business Name:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tax Map Parcel Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit. I hereby certify that I have read and completely understand as well as agree to all terms under the General Regulations for Customary Home Occupations form. By signing and submitting this document, I agree that all regulations where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).*

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Applicant's Signature

Date