



Home Occupation Permit Application

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

STREET #

ADDRESS

SUBDIVISION

LOT #

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).

Applicant's Signature

Date

Permit Center
P.O. Box 69, Monroe NC 28111
300 W. Crowell Street, Monroe NC 28112
704-282-4524