

APPLICATION FOR HOME OCCUPATION PERMIT

OFFICE USE ONLY

Date Application Submitted: _____ Application No. _____

To the City of Goldsboro:

I (We), the undersigned, do hereby respectfully make application and submit a floor plan and site plan (if applicable) of the premises for review of my (our) request for a home occupation permit concerning the property described below:

1. Name of Applicant(s) making request: _____
Business Name: _____
Address: _____
Phone No.: _____ Email: _____

2. Name of Property Owner: _____
Address: _____
Phone No.: _____ Email: _____

3. The property is located at: _____

The Wayne County Tax Identification Number is: (May be obtained from the Wayne County Tax Office located in the Courthouse)

Township _____ Map No. _____ Block No. _____ Lot No. _____

4. Describe the proposed activity or occupation in detail: _____

Hours/Days of Operation: _____

Number of employees living at same address: _____

Number of other employees not living at same address: _____

List all equipment and hours of operation during which equipment will be utilized: _____

Where will business be conducted: Main Bldg. _____ Accessory Bldg. _____

Gross floor area of dwelling to be utilized: _____

Area of dwelling to be used for home occupation: _____

Percentage of gross floor area in dwelling to be used: _____

No. of customers/clients expected per hour/day: _____

Location and number of employee parking spaces: _____

Location and number of customer parking spaces: _____

How will mail/materials be delivered? _____

How often will deliveries be made? _____

Will there be outside storage of materials? _____

What by-products will be created by the operation? _____

How will the operation be advertised? _____

Will a sign be erected/placed to advertise the operation? _____

If yes: Freestanding _____ (Area _____ Height _____)

I certify that all of the information on this form is true and complete to the best of my knowledge. If the home occupation is not conducted as set forth on this form and within the regulations governing home occupations, I agree to accept all penalties and remedies that may be levied as prescribed in the Code of Ordinances for the City of Goldsboro, North Carolina.

Applicant (print / signature)

Date

Property Owner (print / signature)

Date

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APPROVED BY:

Planning Department (print / signature)

Date