

HOME OCCUPATION REQUEST APPLICATION

For Office Use Only:	
Application Number: _____	Date Submitted: _____
Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

Type of Application (Please check all applicable)

Application is hereby made to the City of Goldsboro for the following:

Application Fee: \$25.00	<input type="checkbox"/> Home Occupation – Minor
Application Fee: \$150.00 (Includes Advertisement fee)	<input type="checkbox"/> Home Occupation – Major Requires Board of Adjustment Approval Must Submit application to the Board of Adjustment

Complete the following:

Property Location/Address: _____

Zoning: _____ Wayne County PIN #: _____

Business Name: _____

Square footage for business: _____ Square footage of residence: _____

*****The business cannot occupy more than 25% of total gross floor area of the combined structures (principal & accessory) or more than 500 square feet, whichever is less.*****

Please provide the following information and description of the business (use additional sheets, if necessary):

Area of Home to be used for Business: _____

Day/Hours of Operation: _____ Number of Employees not residing in the home _____

Location/number Employee Parking _____

Expected # Client per hour/day _____ Location/number of Client Parking _____

Equipment needed for business: _____

Will there be deliveries associated with Business, if so what type of deliveries/trucks: _____

Any outdoor storage of business-related goods: _____ What by-products will be created: _____

Will the Business be advertised, if so, how: _____ Will a sign be placed on the property to advertise the business? _____, if yes, Freestanding _____ Height _____ Width _____

Describe *fully* the Home Occupation – Nature of business; products produced; any manufacturing, noise, dust associated with the business. _____

Complete the following information on Page 2

Major Home Occupation (Complete the following):

Day / Hours
Operation: _____

Number of
Employees/Shift: _____

Accessory ☐ Yes
Building for
Business: ☐ No

Applicant: _____

Address: _____

Phone: _____ **Email:** _____

Property Owner: _____

Address: _____

Phone: _____ **Email:** _____

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 Signature _____ **Date** _____

Owner Signature _____ **Date** _____
(If not the property owner - Notarized Owner Authorization form required)

**CITY OF GOLDSBORO
OWNER'S AUTHORIZATION**

IF the owner(s) of this subject property are giving authorization for someone else to apply for an application with the City of Goldsboro, for any of the following City of Goldsboro applications:

Please check the applicable box(es):

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Board of Adjustment - Variance |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Conditional Use Permit | Home Occupation Permits |

This authorization must be completed and submitted at time of application. I/(WE)

_____,do(es) hereby certify that I/(WE)
(Name of owner(s) of subject property)

am/(are) the Owners of the property legally described below and hereby certify that I/(WE) have given authorization to the following person and/or corporation:

_____ to submit an application
(Name of Company and Authorized Representative)

to the City of Goldsboro, NC for My/(OUR) property as listed below.

Wayne County Parcel Identification Number(s):

Property Address:

_____	_____
_____	_____

Property Owner – Print

Property Owner Signature

Date

NOTARY STATEMENT

Sworn to and subscribed before me the _____ day of _____, 20____

Notary Public in and for the State of _____. County of _____

I, _____, Notary Public, do hereby certify that

_____ (name of individual(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this _____ day of _____, 20____.

Official Signature of Notary

Notary printed or typed name

SEAL

My commission expires:_____