



Montgomery County Central Permitting *Planning and Zoning Department*

444 North Main Street • Troy, North Carolina 27371
Phone • (910) 572-3304 Fax • (910) 576-0043

Montgomery County Home Occupation Permit

Application #: HO - ____ - 20____ Date Received: _____

Applicant Name: _____

Applicant Phone #: _____

Applicant Email: _____

Address: _____

Property Owner (if different): _____

Property Owner Address: _____

Business Name: _____

Sign Proposed: ____ Yes ____ No

Square Footage of Residence: _____

Square Footage of Business: _____

Many homeowners associations impose private restrictions on home-based business activities. Individuals interested in starting a home occupation should contact their respective homeowners association to inquire about additional limitations.

Staff Use Only

Zoning: _____

PIN: _____

HO Square Footage: _____

Inspected On: _____

Approved by: _____

Date: _____

Business Description (type, hours, goods produced, etc.)



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- a) Description of Business: _____
- b) Proposed Hours: _____
- c) Goods sold or produced: _____
- d) Will customers visit this location? ____ Yes ____ No
 - a. If yes – how many per day? _____

Customer parking (show on sketch plan if applicable)

This form must be read and signed by the applicant prior to permit issuance.



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1. I understand that the business I am proposing as a Home Occupation must meet the following conditions:

- (A) Home occupations may not be conducted in accessory buildings.
- (B) No products or displays shall be visible from the street.
- (C) Home occupations may not exceed 25% of the floor area of the dwelling.

The maximum floor space in the residence, which can be utilized by this business, shall not exceed 25% of the gross floor area:

- I. Total gross floor area of residence: _____ square feet
- II. Floor area used by home occupation: _____ square feet
- III. Percent of total used for home occupation:
_____ % (not to exceed 25%)

- (D) One (1) non-illuminated sign which does not exceed six (6) square feet in area may be utilized. Please note many homeowners associations impose private restrictions on home-based business activities. Individuals interested in starting a home occupation should contact their respective homeowners association to inquire about additional limitations.

2. I understand that this Home Occupation must meet the following additional conditions:

- Home occupations must be clearly incidental and secondary to the use of the property for residential purposes.
- Home occupations must be conducted without any significant adverse impact on the surrounding neighborhood.
- Home occupations may not create any objectionable traffic, noise, fumes, odor, dust, or electrical interference.

I further understand that a violation of any of the conditions set forth in Items 1 & 2 above may result in the revocation of this permit, which would then make the operation of a business in this residence a violation of the Montgomery County Zoning Ordinance and thus punishable by any and all civil penalties set forth in the Ordinance.

Applicant's Signature

Date

Property Owner's Signature (if different)

Date

Montgomery County Planning Director

Date

Note: By signing this document, I understand that the Montgomery County Planning Department may enter my property at any time during normal business hours (8am – 5pm Monday-Friday) to inspect the business for compliance, without prior warning.