CERTIFICATE #: COH-_____
DATE SUBMITTED:_____

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601
(540) 667-1815
TDD (540) 722-0782

CERTIFICATE OF HOME BUSINESS

HOME BUSINESS INFORMATION AND DESCRIPTION

APPLICANT NAME: _____ **TELEPHONE:** _____

EMAIL: _____ **FAX:** _____

BUSINESS ADDRESS: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

BUSINESS DESCRIPTION (Please provide sufficient detail to describe business operations to determine compliance with Home Occupation regulations):

What is the square footage used for the home occupation: _____

Please initial to acknowledge your proposed business will meet the following Home Occupation Requirements:

	Initial Below
1) The business will be conducted out of the dwelling unit (i.e. home office, workshop) and not in an accessory structure (shed, detached garage, etc.)? Yes: ☐ No: ☐ [If yes, skip to #3]	_____
2) If the business will be conducted out of an accessory structure (shed, detached garage, etc.), City Council must approve the use with a Conditional Use Permit). Please consult with the Zoning Administrator to discuss this application and process.	_____
3) No one will be employed other than members of the family living on the premises:	_____
4) No signage, outside display/storage of business materials, or other exterior changes will occur that indicate this is being used for anything other than a dwelling:	_____
5) The proposed business does not involve the indoor storage of more than fifty (50) square feet of goods and/or materials:	_____
6) No equipment will be used which creates noise, vibration, glare, fumes, odors, or electrical interference beyond what normally occurs in the applicable zoning district:	_____
7) There will be no interruption, congestion or change to the character of the neighborhood in terms of traffic or vehicular parking resulting from the operation of the home occupation.	_____

8) Will any customers or clients visit the residence? Yes: ☐ No: ☐
If yes, explain (time of day/frequency of visits/number of customers):

_____

(Form continues on reverse side)

APPLICANT SIGNATURE REQUIRED

I, the undersigned, certify that I will comply with Winchester City Code and Zoning Ordinance pertaining to the operation of my business/home occupation and consistent with the use description provided above. If the use expands or changes, I will consult with the Zoning Administrator to determine if changes to my application are necessary.

Signature:	**Date:**

FOR OFFICE USE ONLY

Date Received:	
Zoning Administrator:	
Date:	**Approved:** ☐ **Approved with Conditions:** ☐ **Denied:** ☐
Condition(s) of Approval:	
Building Official: **(If use is greater than 10% of residential floor area)**	
Date:	**Approved:** ☐ **Approved with Conditions:** ☐ **Denied:** ☐
Condition(s) of Approval:	