

King George County, Virginia



**Department of
Community Development**
10459 Courthouse Drive, Suite 104
King George, VA 22485

**Heather Hall, CZA, Director
Rick Herron, Acting Building Official**
(540)775-7111 (office)
(540)775-3139 (fax)

ZONING PERMIT

Applicant Name

Business Name

Mailing Address

E911 Address

has applied for a King George County Business License on Tax Map _____ Parcel _____
off Route _____. The property is currently zoned _____ which does permit the
use of _____.

Zoning Administrator
Department of Community Development

Date

King George County, Virginia



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DATE: _____

\$ 25.00 Fee

HOME OCCUPATION APPLICATION

TAX MAP _____ PARCEL _____ ZONING _____

APPLICANT: _____

ADDRESS: _____

TELEPHONE NO.: (BUSINESS) _____ (RESIDENCE) _____

TYPE OF BUSINESS: _____

*****Provide a detailed description (on back) of the proposed Home Occupation such as (a) activities involved, (b) materials and equipment used, and (c) methods of operation.*****

In addition, please respond to the following comments. (Use additional paper if additional space is needed.)

1. How many persons will be involved or employed in the conduct of the proposed occupation. Members of immediate family _____ Others _____ Total Number _____
2. What type of product will be produced, serviced, or repaired in the conduct of your Home Occupation? (For example: repair of clocks or watches, making jewelry, etc.). Explain:

3. Describe any alterations to the home or premise that might be required to facilitate your Home Occupation. _____

Home Occupation Application

4. Describe what rooms will be used in the conduct of the Home Occupation and how these rooms will be used. (For example:garage will be used to store supplies, or den will contain desk and file cabinets, etc.)

5. Describe the mechanical and/or electrical equipment that will be necessary to conduct of your activity.

6. Describe how, where, and in what amounts the material supplies and/or equipment related to your proposed Home Occupation will be stored.

7. Will people come to your home to obtain any product or utilize any service connected with the proposed Home Occupation Activity? Yes_____ No_____ If yes, explain in detail.

8. Are any signs necessary or proposed relative to the Home Occupation? Yes_____ No_____ If yes, please describe type, size, and location.

9. If trucks or other equipment will be used in your Home Occupation, where will they be parked or stored?

10. Will the Home Occupation involve the use of commercial vehicles for delivery of materials to or from the premises? Yes_____ No_____ If yes,explain._____

I have read and understood Article I, Section 1.9.3, “Home Occupation” taken from the King George County Zoning Ordinance and believe, to the best of my knowledge that my proposed Home Occupation will not violate any portion of said Article and Section.

Applicant’s Signature_____ Date_____

Property Owner’s Signature_____ Date_____

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Excerpt from Article I, Section 1.9.3. Definitions, King George County Zoning Ordinance.

Home Occupation. Any occupation, profession, enterprise or activity conducted in a dwelling unit by one (1) or more members of a family on the premises which is incidental and secondary to the use of the premises for dwelling, provided that (a) such occupation shall not require external alterations of the building, (b) nor more than one person not a member of the family is employed on the premises, (c) there shall be no group assembly or activity or display of goods or products that will indicate from the exterior that the building is being utilized in part for any purpose other than that of a dwelling. When within the above requirements, a home occupation includes but is not limited to the following: (a) art or crafts studio/shop, (b) musical instruction, (c) dressmaking, (d) professional office of a physician, dentist, minister, lawyer, engineer, architect, accountant, salesman or other similar occupations, (e) tutoring, (f) keeping of roomers or boarders. A home occupation shall not be interpreted to include the conduct of nursing homes, convalescent homes, rest homes, restaurants, tourist home, day care centers, massage parlors or similar establishments offering services to the public.

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Tax Map _____ Parcel _____

CERTIFICATION OF ZONING FOR A HOME OCCUPATION

1. Not more than one person not a resident of the premises is employed at this location.
2. No stock-in-trade is kept or commodities sold at this residence.
3. No mechanical equipment is used except such that is normally used for family, domestic, or household purposes.
4. Traffic flow of individuals bringing business to and from this location shall be kept in character with the surrounding traffic flow pattern of neighboring residents.
5. No exterior indication (such as signs, banners, or any other forms of advertisement) will exist indicating that a business is operated at this location.

Signature Date

Address Phone Number _____

Zoning Administrator Date
Department of Community Development