Home Occupation Application **Permit Number _____**

$50 Application Fee (Must be renewed annually)

Name of Business _____

Applicant's Name _____

Address (No PO Boxes) _____

_____

Phone Number: _____

Email : _____

1) Describe the nature of your proposed business: _____
_____

2) Will your home be used for office use only? ____ YES ____ NO

3) Will customers/clients come to your home? ____ YES ____ NO

4) What product or service will you provide? _____

5) What percentage of your total square feet will be used for the occupation? (Please note that it can be no more than 25%). _____ Total Square footage of home _____

6) Do you intend to store supplies and/or materials on the premises? ____ YES ____NO If yes, please describe: _____
_____

7) Any hazardous materials? ___YES ___ NO If yes, please describe: _____
_____

I do hereby certify that the above information is correct:

_____ _____

Property Owner/Business Owner Signature Property Owner/Business Owner Printed Name

OFFICE USE ONLY	Date Fee Paid:
Zoning District:	Approval Letter Date:
Expires :	Final Approval Signature :
Planning Commission Date:	City Council 1st Reading Date:
Public Hearing Date:	City Council 2nd Reading Date:

P.O. Box 217 Pickens South Carolina 29671 tel: 864.878.6421 fax: 864.878.0450