

**HOME
OCCUPATION
PERMIT**



Office Use Only

Home Occupation A/P # _____

Received by: EH: _____ Date: _____

Received by I&P: _____ Date: _____

Calvert County Inspections & Permits Division, County Services Plaza, 205 Main Street, Floor 1, Prince Frederick, MD 20678
(410) 535-2155 (410) 535-2156 (301) 535-1600 (301) 855-1243

Property Owner Information	Name: _____			<input type="checkbox"/> Non-Profit Organization	
	Phone: () _____		Mobile #: _____		E-mail: _____
	Mailing Address: _____		City: _____	State: _____	Zip: _____

PROPOSED BUSINESS LOCATION INFORMATION

Premise Address	Premise Address: _____	City: _____	State: _____	Zip: _____
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Additional Premise Information	Subdivision: _____ <i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found at Maryland Real Property Data Search</i>					
	Tax ID# _____	Map _____	Parcel _____	Block _____	Lot _____	Section _____
	Town Center <input type="checkbox"/> Yes <input type="checkbox"/> No		District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		Lot size or Acreage: _____	
	WATER: <input type="checkbox"/> Individual Well <input type="checkbox"/> County Private System (not Co.)			SEWER: <input type="checkbox"/> Septic Tank <input type="checkbox"/> County <input type="checkbox"/> Private System (not Co.)		

Business Information	Company Name: _____				
	Phone: _____		Mobile #: _____		E-mail: _____
	Contact Name (print): _____			Type of Business: _____	

PROPOSED BUSINESS INFORMATION
Incomplete applications will result in processing delays

DESCRIPTION OF HOW THE BUSINESS WILL OPERATE:

DAYS & HOURS OF OPERATION:			ONSITE APPOINTMENTS: yes or no
<input type="checkbox"/> SALON	# of stations _____	# of sinks _____	<input type="checkbox"/> FOOD PREPARTION

EMPLOYEES	<input type="checkbox"/> all residents	<input type="checkbox"/> residents and non-residents	# of non-resident employees _____
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HOME OCCUPATION CONDITIONS (Class will be indicated by review staff)

Class I <input type="checkbox"/>	1. Employees shall only be permanent residents of the dwelling in which the home occupation is located, and 2. no on-site appointments, customers, or clients are permitted, and 3. The occupation shall be conducted entirely within the dwelling or an enclosed accessory structure; and 4. no outside storage of equipment, materials or items to be repaired shall be permitted; and 5. no article or commodity shall be offered for sale or publicly displayed on the premises except those incidental to the services offered; and 6. applicable State and County Licenses and Permits shall be obtained; and 7. The space occupied by all the occupations on a single site shall not exceed 600 square feet including storage. Exception: The use of a tobacco barn for a home occupation is permitted, regardless of size, with the conditions that (a) the barn shall have been in existence as of the effective date of this condition (05/01/06); and (b) the barn shall be constructed of wood; and 8. Non-medical and medical offices, office support services, home studios, indoor commercial kennels, commercial kitchens, and personal service uses are permitted as home occupations. Other uses that are listed separately in the Land Use Charts shall not be permitted as home occupations (e.g., Automobile Repair, Commercial Studios, Commercial Performing Arts Studios, etc.). 9. Total signage for home occupations shall be restricted to four square feet, and all signs shall be erected at least 10 feet from the edge of the right-of-way.
Class II <input type="checkbox"/>	1. Employees shall only be permanent residents of the dwelling in which the home occupation is located, and 2. on-site appointments of customers and/or clients are permitted, and 3. MUST MEET CONDITIONS 3 – 9 OF USE #14a1. - CLASS I HOME OCCUPATION, PLUS: 4. The requirements of Section 2-10.04 shall apply to Historic Districts.
Class III <input type="checkbox"/>	1. Permitted to employ up to 2 equivalent full-time employees in addition to employees that are permanent residents of the dwelling in which the home occupation is located, and 2. on-site appointments of customers and/or clients are permitted, and 3. MUST MEET CONDITIONS 3 – 4 OF USE #14a2 - CLASS II HOME OCCUPATION.

As owner of the Business, I have read and understand the above requirements and shall comply with them.	OWNER OF BUSINESS		
	SIGNATURE: _____		Date: _____
	PRINT NAME: _____		
	Phone #: _____	Mobile #: _____	
Email: _____			

As property owner I understand that if any violation of the above conditions occur I will be held responsible.	PROPERTY OWNER		
	SIGNATURE: _____		Date: _____
	PRINT NAME: _____		
	Phone #: _____	Mobile #: _____	
Email: _____			

APPROVED BY THE ENVIRONMENTAL HEALTH DEPARTMENT		
SIGNATURE _____	DATE: _____	<input type="checkbox"/> Food Facility Plan is required

APPROVED BY THE DEPARTMENT OF PLANNING & ZONING		
SIGNATURE _____	DATE: _____	

THIS HOME OCCUPATION IS NOT TRANSFERRABLE. THIS PERMIT IS ONLY VALID FOR THE ADDRESS, OCCUPATION AND THE PROPERTY OWNER/ BUSINESS OWNER AS LISTED.