



Planning & Neighborhood Services  
PO Box 2430  
Indian Trail, NC 28079  
Telephone (704) 821-5401  
Fax (704) 821-9045

# HOME OCCUPATION APPLICATION

## Submittal Requirements

- Completed Application
- Letter of intent
- Signature of Property Owner, if Applicant is not the property owner
- \$30.00 Review Fee
- \*\*A TECHNOLOGY FEE, 10% OF REVIEW FEE, WILL BE APPLIED TO THE TOTAL FEE.**

## General Information

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Total Acres \_\_\_\_\_

## Contact Information – Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_

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# QUESTIONNAIRE

Are there employees at your home? \_\_\_\_ If so, how many? \_\_\_\_\_

Is there any storage of materials related to this business? \_\_\_\_\_

If so, where and what type? \_\_\_\_\_

Square feet of house \_\_\_\_\_ Square feet of home occupation (including storage) \_\_\_\_\_  
*(Home occupations cannot exceed 25% or 500 square feet of the total floor area of the principal building, whichever is less. Incidental storage of 50 square feet or less will not be counted)*

Is a vehicle used in conjunction with this business? \_\_\_\_\_

Describe type of vehicle used: \_\_\_\_\_

What are the hours of operation? \_\_\_\_\_

**Statement of Intent** (Please describe the type of business you are proposing)

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Name of Subdivision\*\* \_\_\_\_\_

*\*\*The Town encourages all residents starting a home occupation to check with the Home Owners Association in their neighborhood prior permitting from the Town. The Town of Indian Trail does not enforce the covenants, conditions and restrictions of individual subdivisions.*

I have read and understand the definition of a home occupation as described in Unified Development Ordinance, Chapter 780, adopted December 30, 2008 and will operate my home occupation within these guidelines. I understand that a valid and up-to-date Town of Indian Trail Privilege License is necessary. There will be no outdoor storage, advertising, employees reporting here, or DOT classified commercial vehicles stored or parked at this location. I further understand that if I do not adhere to the zoning ordinance that it could result in a notice of violation, fines, and/or judicial remedies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
HOA Approval (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of HOA President

<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Major Home Occupation <input type="checkbox"/> Minor Home Occupation Zoning Permit # _____ Zoning Administrator Signature _____
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