



# CITY OF AUGUSTA HOME OCCUPATION PERMIT

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please provide a brief description below : \_\_\_\_\_

In the space provided below answer each question yes or no:

1. Will the home occupation be carried on by a member of the family who permanently resides in the dwelling?

Yes  No Explain: \_\_\_\_\_

2. Will the home occupation be clearly incidental and compatible with the use of the dwelling unit?

Yes  No Explain: \_\_\_\_\_

3. Will the home occupation be operated entirely within the principal dwelling or from an accessory structure?

Yes  No Explain: \_\_\_\_\_

4. Will the home occupation occupy less than thirty (30%) percent of the floor area or volume of all structures on the property?

Yes  No Explain: \_\_\_\_\_

5. Will the home occupation be imperceptible from the street or neighboring properties except for the existence of one sign?

Yes  No Explain: \_\_\_\_\_

*(If there is to be a sign, it shall be non-illuminated, and no larger than four (4) square feet and shall be limited to a property owner "Name" sign (including corporation) with the street number and name clearly denoted.) A separate sign permit application is required.)*

6. Will the home occupation maintain the residential character of the structure, lot or neighborhood?

Yes  No Explain: \_\_\_\_\_

*(Storing or displaying materials or products or equipment or vehicles outside or in windows is prohibited.)*

7. Will the home occupation employ persons other than family members residing in the home?

Yes  No Explain: \_\_\_\_\_

*(If so, there shall be no more than two (2) persons employed who are not family members residing in the dwelling.)*

8. Will the traffic generated by the home occupation be in any greater volumes than would ordinarily be expected in the neighborhood?

Yes  No Explain: \_\_\_\_\_

9. **Will the parking needs of the home occupation be met off the street in other than the required front yard?** *(Parking needs shall be based on both uses combined):*

Residential Use	2 spaces per unit	Plus those spaces needed for the home occupation
Elderly Residential Uses	1 space per unit	Plus those spaces needed for the home occupation
Child Care Use teacher / employee	1 space per 6 children 1 space per	Plus those spaces needed for the home occupation
Office Use	3 spaces per 1,000 sq. ft. 1 spaces per 333 sq. ft.	

10. **Does the home occupation involve the use of equipment or processes which create noise, vibration, glare, fumes, odors, or electrical interference?**  Yes  No  
*(If so, such noise, vibration, glare, fumes, odors or electrical interference shall not be detectable to the normal senses off the lot.)*

11. **Will the home occupation involve the sale of products?**  Yes  No  
*(If so, such sales shall be limited to those items crafted, assembled, or substantially altered on the premises; or to catalog items ordered off the premises by customers; and to items which are accessory and incidental to a service which is provided on the premises.)*

12. **Is your home occupation proposal an auto service/repair business located in the RA, RB1, RB2, or RC Zone?**  Yes  No  
*(If so, you are required to file a Conditional Use application for review by the Planning Board.)*

13. **Does your deed or lease agreement contain any restrictions that might prohibit you from conducting the home occupation activity for which you have filed this application?**  Yes  No  
*(If yes, this form must be accompanied by proof that your deed/lease restriction is not in effect and that the City's issuance of the permit is legally defensible.)*

**PLEASE BE AWARE OF ANY DEED RESTRICTIONS YOU MAY HAVE PROHIBITING YOU FROM CONDUCTING THE DESCRIBED HOME OCCUPATION.  
 THE CITY DOES NOT ENFORCE DEED RESTRICTIONS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Zoning Review by: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Planning Board review required:  Yes  No

CSZONE \$15  
 CSBLDG \$15  
 Total fees \$30

Sprinkled?	Yes	No
Handicapped?	Yes	No
Within 100 year flood area?	Yes	No
Permit Status Code:	_____	
Zoning Class Code:	_____	
NBC Use Group Code:	_____	
Construction Type Code:	_____	
Improvement Type Code:	_____	