

1. Complete the general and property information.
2. Read the restrictions, then sign acknowledgement.

General Information

Business Name: _____ Resident's Name: _____
 Address: _____ Phone: (h) _____
 _____ (w) _____
 Email: _____

Property Information

Tax Map Number: _____ Zoning District: _____
 Describe the nature of your business: _____

The following restrictions must be met in order to qualify as a home occupation. Initial each statement and sign below to acknowledge that you agree to comply with each restriction.

Approval becomes void upon a violation of any restriction contained herein or termination of the applicant's residency. The permission hereby granted is not transferable to any other resident, address, or other occupation.

- a. Home occupations shall be conducted entirely within the principal dwelling or an accessory structure, if such accessory structure meets all setback requirements for a principal structure in the district in which it is located. Home occupations shall be clearly incidental and secondary to the use of the dwelling unit for residential purposes, and shall not change the outward appearance of the structure. _____
- b. An area equal to not more than twenty-five percent (25%) of the floor area of the principal dwelling may be utilized for the home occupation. If the home occupation is housed in an accessory structure, the accessory structure can be no larger than twenty-five percent (25%) the gross floor area of the principal dwelling. _____
- c. Only persons residing on the premises may be employed by the home occupation. _____
- d. The home occupation shall not involve the retail sale of merchandise manufactured off the premises. No display of goods, products, services, merchandise, or any form of advertising shall be visible from outside the dwelling. _____
- e. No outside storage shall be allowed in connection with any home occupation. _____
- f. Instruction in music, dance, art or similar subjects shall be limited to four (4) students at a time. _____
- g. No traffic shall be generated by the home occupation in greater volumes than would normally be expected in a residential neighborhood, and any parking need generated by the home occupation shall be provided for off street and other than in the front yard. _____
- h. Signage for the home occupation shall be regulated in accordance with Sec. 26-180 of this chapter. _____

I certify that the above information is correct, that I am a resident of the identified premises, and I agree to comply with all provisions of this form.

Resident's Signature: _____ Date: _____
 Zoning Official: _____ Date: _____



RESTRICTED COVENANTS AFFECTING PERMIT ACTIVITY

I, _____, am the Applicant for a **BUSINESS** permit, and I hereby truthfully disclose that the tract or parcel of land subject to said permit:

___ is restricted by a recorded covenant that is contrary to, conflicts with, or prohibits the activity for which this permit applies.

___ is **NOT** restricted by a recorded covenant that is contrary to, conflicts with, or prohibits the activity for which this permit applies.

I further understand and agree that unless stated above, Richland County does not have actual notice of any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which this permit applies. Applicant therefore agrees to indemnify and hold harmless Richland County from any Liabilities resulting from any claims in the event that the permitted activity is found to be in violation of a recorded covenant.

As used herein:

- (1) 'actual notice' is not constructive notice of documents filed in local offices concerning the property, and does not require Richland County to conduct searches in any records offices for filed restrictive covenants;
- (2) 'permit' does not mean an authorization to build or place a structure on a tract or parcel of land; and
- (3) 'restrictive covenant' does not mean a restriction concerning a type of structure that may be built or placed on a tract or parcel of land."

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

ADDRESS

CITY/STATE/ZIP

DATE