



**Office of Zoning
Administration
114 N. Broad Street
Salem, VA 24153
(540) 375-3016**

**HOME OCCUPATION
RENEWAL APPLICATION**

In applying for a home occupation renewal, the applicant agrees to list any changes or alterations to the original application. If there are questions pertaining to your application, the Zoning Administrator (or his designee) may contact you for additional information before approving your application. A \$30.00 fee should accompany your business license application to the Commission of the Revenue and is required annually, by March 1st.

Applicant: _____ Business Name: _____

Property Owner (if not the same as applicant): _____

Address: _____

Telephone: Home _____ Business _____ Fax _____

Type of Business or Occupation: _____

Hours of Operation: _____ Date Started: _____

Equipment Used: _____

If you have closed the business related to your Home Occupation Permit, please list the date of closure and return this form with your signature:

Date Closed: _____

Please provide a detailed description of the Home Occupation (be as specific as possible):

Has the scope of the Home Occupation changed in any way since the original application?
YES _____ NO _____: If yes, please explain:

Do you use any mechanical and/or electrical equipment in the conduct of your business? If so, please explain. (Please note, any personal equipment used in conjunction with the home occupation must be listed. i.e. Personal phone, computer, etc.)

Are you storing any materials, supplies, and/or equipment in the conduct of your business? If so, please explain how, where, and in what amounts storage will be required.

Describe any alterations to the home or premises due to the Home Occupation:

Have you had any customer/clients come to your home to utilize any service connected with the Home Occupation? Yes _____ No _____

If yes, please explain in detail _____

Please describe the vehicle make, model, type, and size of vehicle to be used in the business.

Have you had the delivery or pickup of materials/finished goods to/from the premises (i.e. UPS, Fed-X, DHL, etc.)? Yes _____ No _____

How many times a week? _____

I have read and understand the attached regulations pertaining to home occupations and believe, to the best of my knowledge, that the proposed Home Occupation would not violate any portion of said ordinance. I understand that any change to the information given here requires that a new form be submitted with the new information. I understand that my permit may be revoked by the Zoning Administrator (or designee) if I fail to comply with all the provisions. I also give my consent to verify compliance with the requirements for home occupations and grant a right of access for the City of Salem to make such inspections, if deemed necessary.

Applicant Signature

Date

Property Owner Signature (if not same as applicant)

Date

FOR OFFICE USE ONLY

Date received _____ Tax Map # _____ Zoning District _____

Date reviewed _____ Approved: _____ Denied: _____

Zoning Administrator (or designee)

Comments: _____