



Town of Cornelius Home Occupation Compliance Form

Business Name _____

Type of Business _____

Address _____

Telephone Number _____

Business Owner Signature _____

Print Name _____

Performance Requirements for Home Occupations per the Town of Cornelius Land Development Code, Chapter 6 Uses Permitted With Conditions.

CHAPTER 2 DEFINITIONS

Home Occupation

An occupation or profession conducted within a dwelling unit by a residing family member, which is incidental and subordinate to the primary use of the dwelling as a residence. Home Occupations are small and quiet non-retail businesses (mail order retail sales are excluded from this requirement) generally invisible from the frontage, seldom visited by clients, requiring little parking, little or no signage, and having only one employee. Home Occupations include day care centers where daytime care is provided to less than 3 children who are not the legal wards or foster children of the attendant adult within an owner-occupied residence. Please check with your HOA to make sure a Home Occupation is permitted in your residence.

SECTION 6.2.17 HOME OCCUPATIONS (RP, GR, NR, NMX, TN, MHN, VC, TC)

- a) Such business shall not change the character of the dwelling or constitute a nuisance for the neighborhood.
- b) No outside storage or displays associated with the home occupation is permitted.
- c) No more than 25% of the home shall be used in connection with the home occupation. The Applicant shall provide a sketch showing the floor plan and the area thereof to be utilized for the conduct of the home occupation; total floor area of the residence.
- d) A maximum of 1 non-resident employee, contracted or otherwise hired, is permitted in the home.
- e) One company vehicle shall be permitted per home; otherwise only vehicles used primarily as passenger vehicles shall be permitted in connection with the home occupation.
- f) Signage is permitted on the vehicle.
- g) Customers may visit the business between the hours of 7AM and 6PM.

I have read, understand and will comply with the above zoning regulations at all times.

Do you lease or rent

NO *YES – and the property owner has been made aware of my Home Occupation business*

Property Owner Signature _____

Printed Name _____

FOR OFFICE USE:

Date Filed:	Fee Paid:
Parcel ID:	Approved By:
Zoning Code:	APO Letters Sent:

Additional Information

Describe the exact nature of business that will be conducted in your home:

Number of employees (can be one other than you): _____

Number/Type of vehicles: _____

Hours of operation (days/times): _____

Total Square Footage of Home: _____

Square Footage of Business Area: _____