



Planning & Neighborhood Services
PO Box 2430
Indian Trail, NC 28079
Telephone (704) 825401
Fax (704) 8249045

HOME OCCUPATION APPLICATION

Submittal Requirements

- Completed Application
- Letter of intent
- Signature of Property Owner, if Applicant is not the property owner
- \$25 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)

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

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