



COUNTY OF FREDERICK, VA
Zoning Review for a Business License – Home Based Business/Home Occupation

Check to indicate purpose of the Zoning Review:
___ Initial License Application OR
___ Existing Business Change of Location – Current BL Account No.:

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff.

Applicant Name: Telephone #
Business/Trade Name and Description:

Street Address of Business (provide actual physical location of the business):

Subdivision Name: Owner(s) of Property (if different than applicant):

Other businesses located on the property: Yes No If yes, Name:

Business vehicle parked on the property: Yes No If yes, type:

Will any new construction on alterations be necessary: Yes No

Businesses operated in a residential dwelling (home occupations) are subject to specific restrictions and limitations. Please read and initial the following restrictions placed on this use to certify that you are aware of the specific restrictions and limitations on businesses operating in a residential dwelling as a home occupation:

- I hereby certify that the above address is my legal residence.
NO employees shall be permitted to work on the premises, except for family members residing in the dwelling.
NO customers or clients are permitted on the site (excluding home daycares – see below).
NO signs advertising the business or product and NO outdoor storage of equipment or materials.
NO exterior indication of the home occupation or variation from the residential character of the dwelling or neighborhood is permitted.
Business must be conducted within the dwelling (no detached shed/garage) by the resident of the dwelling.
Home Daycare Only - No more than five unrelated children are permitted at any one time.
If you have an approved Conditional Use Permit please check here and provide the number:

I have read, understand and will abide by the above conditions and restrictions above. By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: PRINT NAME:
TITLE/CAPACITY FOR SIGNING: DATE:

This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

Please do not write below this line – For Planning Department Staff review only

PROPERTY IDENTIFICATION # (PIN): ZONING DISTRICT:
Record Number:
Based upon the information provided by the applicant, is the proposed home occupation permitted in the above-referenced location: YES NO
STAFF SIGNATURE: DATE