



**FEE \$39.00**

**CITY OF SUFFOLK  
DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT  
442 W. WASHINGTON STREET, SUITE 1084A SUFFOLK, VA 23434  
TELEPHONE: 514-4150 FAX: 514-4199**

**HOME OCCUPATION CLEARANCE APPLICATION  
§ 31-707 & TABLE 707-1 OF THE SUFFOLK CITY CODE**

**PLEASE PRINT ALL INFORMATION**

1. NAME \_\_\_\_\_

2. STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\*THIS IS MY PRIMARY RESIDENCE  YES  NO

Own  Rent  **IF THIS IS A RENTAL PROPERTY, IT IS YOUR RESPONSIBILITY TO ASSURE THAT YOU HAVE THE AUTHORITY TO USE THIS PROPERTY FOR YOUR BUSINESS AND THE CITY ASSUMES NO LIABILITY FOR ITS USE.**

3. NAME OF BUSINESS \_\_\_\_\_

4. PHONE NUMBER / FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**5. PERFORMANCE STANDARDS FOR HOME OCCUPATIONS**

- **Home Occupation must conform with applicable State and local statutes, ordinances and regulations**
- **A full-time resident operator is permitted but no more than one (1) non-resident employee shall be permitted**
- **Areas devoted to the home occupation use shall maintain a residential appearance**
- **Not more than 6 customers or clients are allowed to visit the home per day and no more than 1 customer permitted at a time. Customer hours shall be between 7:00 a.m. and 8:00 p.m.**
- **A maximum of 25 % gross floor area in the home shall be designated for a home occupation (s).**

- Storage of goods and materials shall be inside and shall not include flammable, combustible or explosive materials
- outside storage of heavy equipment or material shall be prohibited
- No vehicle with a payload rating of more than 1½ ton shall be parked on site
- Mechanized equipment shall be used only in a completely enclosed building
- No generation of dust, odors, noise, vibration or electrical interference or fluctuation shall be permitted beyond the property line
- Deliveries and pickups shall be those normally associated with residential services and shall occur only between 8:00 a.m. - 8:00 p.m. Monday – Saturday. Deliveries and pickups shall not block traffic circulation
- Applicant must obtain all permits prior to operating a home occupation
- For home occupations, one sign not exceeding one square foot in area, non-illuminated and mounted flat against the wall of the residence is permitted
- Child care – maximum of 4 children permitted.

**Note:** Home occupation sites are subject to inspection. If required, inspections will be conducted between 9:30 a.m. and 2:00 p.m. Upon approval of the inspection, applicant may return to CDS to obtain permit for zoning clearance. This permit must then be taken to the Commissioner of the Revenue to obtain a business license for the Home Occupation.

**DECLARATION:** I declare that all statements and documents included in this application herein are true, complete and correct to the best of my knowledge. I have read and understand the Performance Standards pertaining to home occupations and agree to abide by all standards set forth by the City of Suffolk. I further understand there may be state licenses and/or certifications pertaining to my home occupation that may need to be obtained and that I should call the Department of Professional and Occupational Regulation at 1-804-367-8500 or visit their website at <http://www.state.va.us/dpor/> for further information. This Home Occupation Permit pertains to “land use only” and does not authorize activities, products or services that may require or be subject to other licenses, regulations, and/or laws whether local, state or federal. The applicant assumes all responsibility in ensuring that his or her activity is in compliance with all such applicable laws and regulations.

<p><b>APPLICANT SIGNATURE</b></p> <p>_____</p>	
<p><b>APPLICANT NAME (PRINT)</b></p> <p>_____</p>	
<p><b>APPLICATION FILE</b></p> <p style="text-align: right;">_____/_____/_____ MM DD YYYY</p>	

**Nature of business**

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**List activities performed in this business**

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What percentage of the home will be utilized for your business? ( \_\_\_\_\_ % )

**OFFICE USE ONLY**

PROJECT NUMBER \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ ZONING MAP \_\_\_\_\_

TREASURER ACCOUNT NO. \_\_\_\_\_

**APPLICATION REVIEWED BY**

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**DATE** \_\_\_\_\_