



CITY OF AUGUSTA HOME OCCUPATION PERMIT

Owner: _____ Phone: _____

Address: _____ Map: _____ Lot: _____ Zone: _____

Occupation: _____

Please provide a brief description below: _____

In the space provided below answer each question yes or no

1. Will the home occupation be carried on by a member of the family who permanently resides in the dwelling?

Yes No Explain: _____

2. Will the home occupation be clearly incidental and compatible with the use of the dwelling unit?

Yes No Explain: _____

3. Will the home occupation be operated entirely within the principal dwelling or from an accessory structure?

Yes No Explain: _____

4. Will the home occupation occupy less than thirty (30%) percent of the floor area or volume of all structures on the property?

Yes No Explain: _____

5. Will the home occupation be imperceptible from the street or neighboring properties except for the existence of one sign?

Yes No Explain: _____

(If there is to be a sign, it shall be non-illuminated, and no larger than two (2) square feet and shall be limited to a property owner "Name" sign (including corporation) with the street number and name clearly denoted.) A separate sign permit application is required.

6. Will the home occupation maintain the residential character of the structure, lot or neighborhood?

Yes No Explain: _____

(Storing or displaying materials or products or equipment or vehicles outside or in windows is prohibited.)

7. Will the home occupation employ persons other than family members residing in the home?

Yes No Explain: _____

(If so, there shall be no more than two (2) persons employed who are not family members residing in the dwelling.)

8. Will the traffic generated by the home occupation be in any greater volumes than would ordinarily be expected in the neighborhood?

Yes No Explain: _____

9. Will the parking needs of the home occupation be met off the street in other than the required front yard? *(Parking needs shall be based on both uses combined:*

Residential Use	2 spaces per unit	Plus those spaces needed for the home occupation
Elderly Residential Uses	1 space per unit	Plus those spaces needed for the home occupation
Child Care Use teacher / employee	1 space per 6 children 1 space per	Plus those spaces needed for the home occupation
Office Use	3 spaces per 1,000 sq. ft. 1 spaces per 333 sq. ft.	

10. Does the home occupation involve the use of equipment or processes which create noise, vibration, glare, fumes, odors, or electrical interferences? Yes No
(If so, such noise vibration, glare, fumes, odors or electrical interference shall not be detectable to the normal senses off the lot.)

11. Will the home occupation involve the sale of products? Yes No
(If so, such sales shall be limited to those items crafted, assembled, or substantially altered on the premises; or to catalog items ordered off the premises by customers; and to items which are accessory and incidental to a service which is provided on the premises.)

12. Is your home occupation proposal an auto service/repair business? Yes No

13. Is your home located in the RA, RB1, RB2, or RC Zone? Yes No
(If so, you are required to file a Conditional Use application for review by the Planning Board.)

14. Does your deed or lease agreement contain any restrictions that might prohibit you from conducting the home occupation activity for which you have filed this application? Yes No
If yes, this form must be accompanied by proof that your deed/lease restriction is not in effect and that the City's issuance of the permit is legally defensible.)

PLEASE BE AWARE OF ANY DEED RESTRICTIONS YOU MAY HAVE PROHIBITING YOU FROM CONDUCTING THE DESCRIBED HOME OCCUPATION. THE CITY DOES NOT ENFORCE DEED RESTRICTIONS.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Zoning Review by: _____ Date Permit Issued: _____

Permit Number: _____ Planning Board review request Yes No

Sprinkled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 100 year flood area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Status Code:	_____
Zoning Class Code:	_____
NBC Use Group Code:	_____
Construction Type Code:	_____
Improvement Type Code:	_____