



County of Spotsylvania
HOME OCCUPATION PERMIT APPLICATION
 Community Development Division
 9019 Old Battlefield Blvd. 3rd Floor
 Spotsylvania, VA 22553
 Phone (540)507-7222 Fax (540) 507-7282

App/Permit # Assigned:

Applicant

Name: _____ Address: _____
 Phone #: _____ Fax #: _____ Email Address: _____

Landowner

Name: _____ Address: _____
 Phone #: _____ Fax #: _____ Email Address: _____

Property Information

Property Address : _____
 Tax Map : _____ Dbl. Circle : _____ Block _____ Lot/Parcel : _____ Voting District: _____
 Subdivision: _____

Business Information

Business Name: : _____
 Description of Business: : _____

1. Please note: No business may commence prior to zoning approval. Applicant must apply for business license once Zoning permit is obtained
2. There shall be no customers or clients to the home. No sign shall be permitted.
3. No electrical, plumbing, mechanical, or renovations are being made to space or building, I hereby certify that I shall conform to the Zoning Ordinance of Spotsylvania County. This permit must be displayed on the premises.
4. You have thirty days from this date in which to appeal this decision to the Board of Zoning Appeals, in accordance with Section 15-2-2311 of the Code of Virginia, or this decision shall be final and unappealable.
5. If approved this permit will only be valid for use at the property address noted on your permit. If your residence changes you will have to reapply for a new home occupation permit.
6. Accepted Forms of Payment: Check, Money Order (made out to Spotsylvania County Treasure), and Credit/Debit Card. Please note: There will be a 2.70% convenience fee added for all credit/debit card transactions.

 Applicant's Signature Required

 Landowner's Signature Required

: _____
 Applicant's Printed Name

: _____
 Landowner's Printed Name

Application Verified

Date: _____ By: _____

FOR OFFICE USE ONLY

Zoning _____ Disapproved _____ Approval Date _____

Remarks:

Fees _____

Authorized Signature