



**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. Incomplete applications may not be reviewed or approved. If you have any questions about this form or the zoning regulations of Frederick County, please contact the Planning Department at (540) 665-5651. Approval of this form is required prior to issuance of a business license by the Commissioner of the Revenue.**

Applicant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_

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

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

Business vehicle parked on the property: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type: \_\_\_\_\_ (only one permitted)

Will any new construction or alterations be necessary: Yes \_\_\_\_\_ No \_\_\_\_\_

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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 more than 5** people, not residing on the premises, are permitted per day including customers and/or employees.

\_\_\_\_\_ **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 property.

\_\_\_\_\_ Business must be conducted within the dwelling (no detached shed/garage) by the resident of the dwelling. If the property is zoned RA, business may be conducted in an accessory building or structure.

\_\_\_\_\_ One business vehicle is allowed. Commercial vehicles as defined in §165-101.02 are prohibited.

\_\_\_\_\_ **Home Daycare Only** - No more than five unrelated children are permitted at any one time (contact staff if more).

\_\_\_\_\_ **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***

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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 \_\_\_\_\_