



P.O. Box 209 | 6 East Pennsylvania Avenue
 Lovettsville, VA 20180
 (540) 822-5788

Home Occupation Application (Home Based Business)

Business Owner's Name: _____ **Fee: \$50**

Business Name: _____

Home Address: _____ **E-Mail:** _____

Town/City: _____ **State:** _____ **Zip:** _____

Telephone: Work _____ **Mobile** _____ **Fax** _____

Mailing Address: _____

Town/City: _____ **State:** _____ **Zip:** _____

Subject Parcel Information:

Location (Street Address): _____

PIN (Property Identification Number): _____ **Zoning District:** _____

Description of Business:

*****Home Occupations are subject to Section 3-1 (b) (v) of the Town Zoning Ordinance*****

I declare that the statement and figures given are true, full and correct to the best of my knowledge and belief. I have read Section 3-1(b)(v) of the Zoning Ordinance and agree to comply with all conditions. I understand that failure to comply with any conditions of Section 3-1(b)(v) will result in revocation of my Permit for a Home Occupation. I understand that if I am part of Homeowners Association, I may be also subject to its conditions in addition to Town Ordinance regulations.

Signature of Business Owner	Printed Name of Business Owner	Date
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- Approved by the Zoning Administrator: _____ Date: _____
- Denied by the Zoning Administrator: _____ Date: _____

NOTES and/or CONDITIONS:

-----Office Use Only-----

Date Application Received _____ Application Complete _____ Application Fee Paid _____
 Loudoun County Personal Property Taxes Paid _____ All Fees/Taxes Owed to Town Have Been Paid (Including Auto Decal) _____