



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

Home Occupation Application (Zoning Permit for Home Occupation)

Property Owner's Name: _____

Fee: \$75

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 (Describe the nature of the business as completely as possible including products made and/or sold, area (in sq. ft.) of residence used for business activities, hours of deliveries and pick-ups, # of employees, etc.):

*****Home Occupations are subject to the limitations of Section 42-199 of the 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 received a copy of Section 42-199 of the Zoning Ordinance and agree to comply with all requirements. I understand that failure to comply with the provisions of Section 42-1999 may result in revocation of my zoning permit. I understand that if I am a member of a Homeowners Association, I may be also subject to its conditions in addition to zoning requirements.

Signature of Property Owner	Printed Name of Property 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) _____