

# County of Middlesex, Virginia

Department of Planning and Community Development  
Residential Home Occupation

## Zoning and Building Permit Application



### OFFICE USE ONLY

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

E & S Agreement #: \_\_\_\_\_

Fee: \$40.00      Approval       Denial

Fee: \$50.00      Approval       Denial

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
E & S Administrator

See Comments if Checked

See Comments if Checked

Any person aggrieved by this notice may have the right of appeal. Any appeal shall be filed within thirty (30) days and be in accordance with Section 15.2-2311 of the Code of Virginia. This decision shall be final and unappealable if not appealed within thirty (30) days.

Date: \_\_\_\_\_

Approval

Denial

\_\_\_\_\_  
Building Official

See Comments if Checked

Building Permit #: \_\_\_\_\_

Fee: \_\_\_\_\_

#: \_\_\_\_\_

Fee: \_\_\_\_\_

#: \_\_\_\_\_

Fee: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Permitted Use Regulation: \_\_\_\_\_

Hydric Soil (per ACOE):     Yes     No

Zoning District: \_\_\_\_\_

Magisterial District: \_\_\_\_\_

CBPA: \_\_\_\_\_

Septic Permit #: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

Land to be Disturbed: \_\_\_\_\_

Hydrologic Unit: \_\_\_\_\_

Date Complete Application Submitted: \_\_\_\_\_

Requires E911 Addressing:     Yes     No

### **TO BE COMPLETED BY APPLICANT:**

Parcel Size: \_\_\_\_\_ Current Use: \_\_\_\_\_

Project Description / Proposed Use: \_\_\_\_\_

E911 Address / Directions to Site: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Responsible Land Disturber: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Property Owner:**     Mail     Call When Ready

**Contractor:**     Mail     Call When Ready

Agent: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Mechanics Lien Agent: \_\_\_\_\_  
 Mechanics Lien Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mechanics Lien Agent – None Designated: \_\_\_\_\_

**Manufactured Homes Only**

Make: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Year: \_\_\_\_\_  
 Serial #: \_\_\_\_\_ Value of Manufactured Home: \_\_\_\_\_  
 Manufactured Home Purchased From: \_\_\_\_\_

**Zoning**

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that construction and use will conform to the Middlesex County Zoning Ordinance, Subdivision Ordinance or any other applicable laws of Middlesex County. I understand approval of this permit is contingent upon approvals of necessary Federal and State agencies.

**Erosion and Sediment Control Agreement**

In lieu of performing an E&S plan, I agree to comply with any reasonable requirements determined necessary by the Erosion and Sediment Program Administrator or agent.

**Building**

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that construction conforms to all applicable laws of this jurisdiction.

CHECK ONE OF THE FOLLOWING:     IBC     IRC

**Attach Copy of State Contractor’s License (Required)**

**Proposed Construction Meets Minimum V.D.H. Setback Requirements for Separation from Well and Septic Systems**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Permit Issued \_\_\_\_\_

Fees Paid: \$ \_\_\_\_\_  Check #: \_\_\_\_\_  Cash

<b>Comments:</b> _____ _____ _____ _____ _____ _____	<b>Conditions:</b> VMRC #: _____ CBPA Exc. #: _____ Variance #: _____ Site Plan #: _____ Other #: _____
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# CHECK SHEET FOR RESIDENTIAL HOME OCCUPATIONS

(All Questions Must be Answered)

1. Is the proposed use a professional occupation (See Below), other office type use, or other home occupations use?  
Please list the Business Use  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
2. Is the use clearly incidental and subordinate to the use of the dwelling for residential purposes (the bona fide residence of the principal practitioner)?  
Yes \_\_\_\_\_, No \_\_\_\_\_
3. Is the space for the use no more than 50% of the gross floor area of the dwelling or, alternately, conducted within an accessory structure no more than 50% of the gross floor area of the dwelling?  
Yes \_\_\_\_\_, No \_\_\_\_\_  
Square footage of the home \_\_\_\_\_  
Square footage of the area used for the business use \_\_\_\_\_
4. Other than family members living on the premises, is the use limited to no more than one employee who comes to the premises?  
Yes \_\_\_\_\_, No \_\_\_\_\_
5. Is all public contact related to such a use limited to the period between 7:00 a.m. and 8:00 p.m.?  
Yes \_\_\_\_\_, No \_\_\_\_\_
6. Are all of the activities related to the residential home occupation indoors?  
Yes \_\_\_\_\_, No \_\_\_\_\_
7. Will the use:  
 Maintain the outside residential appearance of the building or lot?  
Yes \_\_\_\_\_, No \_\_\_\_\_  
 Result in ***no visible evidence*** of the conduct of such home occupation, including display of goods, or storage of equipment or materials outside of a fully enclosed structure?  
Yes \_\_\_\_\_, No \_\_\_\_\_
8. Will all traffic generated by such home occupation be in volumes that would normally be expected in a residential neighborhood?  
Yes \_\_\_\_\_, No \_\_\_\_\_
9. Will all deliveries be limited to normal daily deliveries by public and private mail carriers?  
Yes \_\_\_\_\_, No \_\_\_\_\_
10. Is adequate parking area available to serve the use?  
Yes \_\_\_\_\_, No \_\_\_\_\_
11. Is all parking located out of a required front yard except within an existing driveway?  
Yes \_\_\_\_\_, No \_\_\_\_\_
12. Will the use avoid any equipment or process that will create noise, vibration, glare, fumes, odors, or electrical interference detectable off the lot?  
Yes \_\_\_\_\_, No \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

**PROFESSIONAL OCCUPATIONS:** Service occupations which require specialized education or training and which may be practiced only upon satisfactory completion of testing, licensing, or certification requirements. For purposes of this ordinance, only the following shall be deemed to be engaged in professional occupations: medical doctors, attorneys, licensed engineers, architects and landscape architects, hairdressers, barbers, realtors, insurance agents, surveyors, teachers, dentists, veterinarians, chiropractors, psychologists and social service counselors. When conducted in residential structures, professional occupations may not involve outside display or storage of materials or exterior modification of such residential structures to the extent that their residential appearance is compromised