



## Community Development Review Application

**Home Based Occupation (expedited)**: A home occupation that is incidental or secondary to the use of the dwelling as a residence and shall be restricted to the dwelling only. Home occupation activities shall not occupy more than twenty-five (25%) percent of the living area. No accessory building shall be constructed or used in conjunction with the home occupation. It shall not generate any additional traffic beyond what is customary to residential use. The exterior of the dwelling must show no evidence of the home occupation. There shall be no outside display of products, goods, or commodities in conjunction with the home occupation.

**Short Term Rentals (non-expedited)**: Prior to using the dwelling as a short-term tourist rental, a property management plan demonstrating how the short-term tourist rental will be managed and how the impact on neighboring properties will be minimized shall be submitted for review and approval by the Zoning Administrator. The plan shall include local points of contact available to respond immediately to complaints, clean up garbage, manage unruly tenants and utility issues, etc. It shall also be posted in a visible location in the short-term tourist rental. The contact numbers shall be provided to County staff, public safety officials and, if applicable, the HOA/POA of the subdivision. Information will be clearly posted in the house, and clear boundaries of the property will be shown. The plan must be provided as part of the rental contract. A life safety inspection by the building inspections department will also be conducted. Approval from the Health Department and VDOT will be required also. Our office will contact the Health Department and VDOT for the applicant.

**Home Occupations in an Accessory Building (expedited)**: Requires a special use permit.

**Virtual Business (expedited)**: All virtual businesses must meet the following:

- Does not require direct vehicular traffic to the dwelling unit by the public for operation of the business
- The primary means of communication in the operation of the business is by telecommunication, facsimile, computer-related activity or other like means of communications.
- No wholesale or retail business shall be permitted unless it is conducted entirely by mail and/or telecommunications.
- Such home occupation shall be subject to all the criteria set forth in §125-15A (1), hereinabove stated, with the exception of required parking spaces set forth in §125-15A(1)(a).
- No use outside storage or display of materials, goods, supplies, or equipment or work areas in relation to the business outside the home.
- No signage allowed.

This application will be reviewed by the Building Official and the Zoning Administrator for all applications. VDOT and Health Department review is only required for short term rentals.

FEE SCHEDULE: Expedited: \$25.00 Non-Expedited: \$50.00 Life Safety Inspection (if short term rental): \$40.80

## Community Development Review Application

Applicant(s): _____ Mailing Address: _____ Phone No.: _____ Email: _____	Property Owner (if different): _____ Mailing Address: _____ Phone No.: _____ Email: _____
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Site Address of Business: \_\_\_\_\_  
Tax Map Number: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_  
Directions to property: \_\_\_\_\_  
Contractors, Architects, and Engineers State License #: \_\_\_\_\_

### Business Information

Type of Business: Home Based  Virtual  Short Term Rental  Commercial   
Description of business: \_\_\_\_\_  
Website: \_\_\_\_\_ Will this business be open to the public and receive customers?  Yes  No  
If so, number of customers per day: \_\_\_\_\_ Number of children (if Daycare): \_\_\_\_\_ Number of Employees (not including self): \_\_\_\_\_  
Number of sleepers (if short term rental): \_\_\_\_\_ Property Management Plan  (required for short term rental)

### Building Information

Size of Building: \_\_\_\_\_ Space Used for Business: \_\_\_\_\_ Year Built: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_  
Accessory Building Being Used:  Yes  No Size: \_\_\_\_\_ Attached/Detached: \_\_\_\_\_

Declaration: I declare that the statements herein given are true, full and correct to the best of my knowledge and belief.

Applicant	Date
Owner of Property	Date

### **OFFICE USE ONLY**

Fee: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	<input type="checkbox"/> Expedited <input type="checkbox"/> Non-Expedited	Permit No.: _____
Zoning Administrator: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date: _____		Date Received: _____
Building Official: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date: _____		Staff Initials: _____

Life safety inspection: \_\_\_\_\_ Health Dept comments: \_\_\_\_\_ VDOT comments: \_\_\_\_\_