



COUNTY OF BATH, VIRGINIA

65 Courthouse Hill Road

P. O. Box 216

Warm Springs, VA 24484

(Please Make Checks Payable to Bath County Treasurer)

OFFICE PHONE: 540-839-7236

OFFICE FAX: 540-839-7222

HOME OCCUPATION PERMIT

HELPFUL INFORMATION: Home occupations meeting all the “special requirements” of Section 705.01 (subsections 705.01-1 through 705.01-7) shall be permitted as an Accessory Use in all districts unless the particular activity requires a Conditional Use Permit or is expressly prohibited within such district. These Land Use Regulations shall use a Conditional Use Permit approach for home occupations which are unable to meet and/or which violate one (1) or more of the “special requirements” in Section 705.01. The use of Conditional Use Permits is to insure compatibility of such home occupations with surrounding residential uses. Custom or tradition is not to be considered as criteria for the evaluation of home occupation. The Zoning Administrator may request advice from the Planning Commission and/or Board of Zoning Appeals as appropriate.

Checklist for Completed Items

_____ Application form

_____ Attach a full description of the proposed Home Occupation (be specific)

Please include the following:

- complete explanation of proposed use
- any new construction or additions, including fair market value of improvements
- use of existing buildings
- Sign Placement (Full description)

_____ Attach list of any conditions being proffered by applicant and property owner

_____ attach a deed and plat w/site plan

_____ Occupation does not occupy more than 25% of floor area

Applicant:

Name: _____

Address: _____

Telephone Number: _____

Owner of Record: (if different than applicant)

Name: _____

Address: _____

Telephone Number: _____

Exact directions to property from the Courthouse _____

Are there any deed restrictions on the property? (If yes, please list): _____

	Existing	In 2 Years	In 5 Years
Full Time Employees (Living in residence)			
Part Time Employees (Living in Residence)			
Visitors/Customers (M-F)			
Visitors/Customers (S&S)			
Number of Residents			
Peak Hours			
Does any activity occur outdoors?			
Deliveries? Estimated number per day/week			
# Trucks/Service Vehicles			
Hours/Days of the Weeks			
# Parking Spaces Full Size/Compact			
Square Footage of Business			
Gross sq/ft of Building (structure)			

I (we) understand that any change to the information given here requires that a new form be submitted with the new information. **I (we) am aware that the permit may expire or be revoked as stated in the Bath County Land Use Regulations Section 705.02 and 705.02-1 through 705.02-3.** I, the undersigned, do hereby certify that I have read and understand the Land Use Regulations pertaining to home occupations and believe, to the best of my knowledge, that the proposed Home Occupation would not violate any portion of said ordinance.

Applicant/Date

Property Owner/Date

Department Use Only

Date Received: _____ Zoning Permit Number: _____ Fees Due: \$25.00

Tax Map Number: _____ Deed Book # _____ page _____

Magisterial District: _____ Zoning District: _____

Subdivision Name & Lot (if applicable): _____

Acreage of the Property: _____ Current Property Use: _____

Comments or Conditions: _____

_____ Approved _____ Disapproved

Zoning Administrator

Date