

** Indicate partner's Name: _____ in each form of business ownership listed above, APPLICANT'S RESIDENCE must be official premise for activities of proposed business enterprise.

*** Attach a photocopy of your license to practice your professions in the District of Columbia. Examples of Professions requiring Professional Licensure: e.g. Attorney, Medical Doctor, Dentist, Certified Public Accountant, Registered Nurse, Funeral Director, Real Estate Sales, Architect.

8. Describe the proposed business you intend to operate: _____

9. Is this business sexually oriented? Yes No

10. Are you presently operating a business in your residence? Yes No

11. The DC Zoning Regulations allow for a maximum of 25 percent of the available floor area of your home to be used in the operation of your proposed business (except for lodging – see #24 below - and child development homes – see # 28 below).

11a. What is the total square footage of your residence? _____sq. ft. (Obtainable from the DC Office of Tax and Revenue)

11b. What percentage of the available square feet in your residence will be used in the operation of your proposed business? _____%

11c. Will the proposed business utilize the basement or cellar? Yes No

12. Where on the premises will materials (if any) used in the proposed business be stored? _____

(Note: A basement or cellar, shed, garage or other accessory structure may be used in the operation of a home-based business. As per 251.1 (b) (2) (B), Child Development Homes are not permitted in an accessory structure.)

13. What equipment will be used in the operation of your proposed business? (ex. personal computer, file cabinet, etc.)? _____

14. Will the operation of your proposed business require any architectural or structural modifications to your residence? Yes No If "Yes", describe modifications: _____

15. Except for child development homes, the zoning regulations (U-251.3 (d) do not allow for employment of more than ONE non-resident employee in home based business. How many non-family members will be employed in your proposed business? _____

16. Do any of these persons reside with you? Yes No

If no, explain: _____

17. How do you propose to notify the public of the services available from your home based business? _____

18. Will there be a sign posted on the proposed business premise? Yes No If yes, describe the placement of the sign, its size and the identifying information to be placed on sign:
 Size: _____ Information: _____
 (Note: 12 inches by 12 inches is the maximum allowable square footage)
19. Will the proposed business result in the creation of a product? Yes No If Yes, briefly describe the product: _____
20. Will chemical compounds be used in the operation of your proposed business? Yes No
21. Indicate the proposed hours of operation of your business?
 _____ am to _____ pm (hours) _____ to _____ (days) (M-F) (Sat-Sun)
22. How many clients will be served on the premises within a one hour period? _____
23. How many vehicles will be used in the operation of your proposed business? _____
24. What type of parking will be provided for clients/visitors/employees of the proposed business? (Check one)
 No Parking Provided Off Street Parking Street Parking

REGARDING LODGING, AS LIMITED TO SECTION U-251.1(J) HOME OCCUPATIONS:

25. Will you be operating a Lodging or Bed & Breakfast business? Yes No If “Yes”, submit a copy of your driver’s license.
26. How many sleeping rooms are available for overnight guests? _____
27. How many meals will be served per day? _____
28. How many parking spaces are available? _____
 Attach to the application a dimensioned DC Surveyor’s Plat showing all existing structures and parking spaces for the applicant and guests of the bed and breakfast.

REGARDING CHILD DEVELOPMENT HOMES, PLEASE READ 11 DCMR U-251 FOR REGULATIONS:

29. Will you be operating a child development home? Yes No If “Yes”, submit a copy of your driver’s license.
30. Provide the number and ages of children to be cared for in the home: _____

31. Of the number of children indicated above, how many are the caregiver’s own children? _____
 What are their ages? _____
32. How many caregivers will provide care for the children? _____ Of this number, how many reside in the home? _____
33. Indicate the hours of pick up and drop off activity: _____
34. Where will these activities occur? _____
35. What are the hours of operation of the child development home? _____

Attach to the application a copy of the emergency evacuation plan showing means of egress. Schedule a mandatory fire inspection by calling 202.442.4532. **Note:** The fire inspection must be passed and the evacuation plan must be approved before the HOP application may be approved.

ATTESTATION AND SIGNATURE

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in this application or resulting permit being voided.

Name of proposed business (as it is to appear on your Home Occupation Permit): _____

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Daytime Phone Number: _____

Email Address: _____

A false statement on this certification requires the Department to proceed immediately to revoke the license or permit for which you are now applying and fine you a minimum of \$1,000.00. this certification is required by the a clean hands before receiving a license or permit act of 1996, effective may 11, 1996, dc law 11-118, dc code 47-2681 et.

CERTIFICATION

I, _____ (print name), certify that as of _____ (date), I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed permanent to the Litter Control Administration Action of 1985, effective March 25, 1986 (DC Law 6-100; DC Code 6-2901 et seq.)
2. Fines, penalties or interest assessed permanent to the Illegal Dumping Enforcement Act of 1994, effective March 20, 1994 (DC Law 10-117; DC Code 6-2911 et seq.)
3. Fines, penalties or interest assessed permanent to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1986 (DC Law 6-42; DC Code 6-2701 et seq.)
4. Past due District of Columbia Taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the validity of this certification. I understand that this certification is now required as documentation to accompany my application for a license or permit, and that by completing the Certification, I am not guaranteed approval of this application for same. Home occupations are non-transferable from person to person and address to address.

Signature of Applicant

Title of Applicant

Date

OFFICIAL DCRA USE ONLY

APPROVAL

Pursuant to 11 DCMR U-251.1, the Zoning Administrator has determined that the Applicant has met all the conditions necessary for the issuance of a Home Occupation Permit, based on the information in this application and the administrative review process.

Approved by: _____ Date: _____

DENIAL

The Zoning Administrator has determined that while the Applicant appears to have met the conditions necessary for a Home Occupation Permit, the proposed business is inconsistent with the general purpose and intent of the zoning regulations for the following reason(s):

Denied by: _____ Date: _____

PENDING REASONS:

- A report from the Inspection Division is required.
 - Does not satisfy Section: _____
 - Articles of Incorporation are required.
 - Copy of Professional License is required.
 - Signature of applicant is missing.
 - Square footage exceeds the maximum allowed according to the Zoning Regulations.
 - More employees indicated on Question 15 of the submitted application.
 - Other: _____
- _____
- _____
- _____
- _____