

City of Roanoke Rapids
Dept. of Planning and Development
P.O. Box 38
Roanoke Rapids, NC 27870
Telephone: 252-533-2844 Fax: 252-533-2870
HOME OCCUPATION PERMIT

Receipt # _____

APPLICANT INFORMATION

Applicant: _____ Telephone: _____

Address: _____, Roanoke Rapids, NC 27870

Business Name: _____

SITE INFORMATION

Site Owner: _____ Telephone: _____

Owners Address: _____

GENERAL INFORMATION

IS THE STRUCTURE A SINGLE FAMILY DWELLING [] Yes [] No

WILL A DETACHED SHED/GARAGE BE USED [] Yes [] No (IF YES, TOTAL SQ. FOOTAGE _____)

TOTAL SQUARE FOOTAGE OF DWELLING: _____

WILL GOODS, STOCK, OR OTHER COMMODITIES BE DISPLAYED/STORED INSIDE OR OUTSIDE [] Yes [] No

WILL OBJECTIONABLE NOISE, FUMES, ODOR OR ELECTRICAL INTERFERENCE BE CREATED [] Yes [] No

WILL THERE BE ANY ON-PREMISES RETAIL SALES [] Yes [] No

WILL ANYONE NOT RESIDING IN THIS DWELLING BE EMPLOYED [] Yes [] No (IF YES, HOW MANY ____)

WILL YOU REQUIRE A SIGN [] Yes [] No (IF YES, WHAT TYPE [] WALL [] FREESTANDING)
(IF YES, SUBMIT A SCALED SITEPLAN SHOWING SIGN LOCATION, SIZE, HEIGHT, ETC.) MAXIMUM TOTAL SIZE IS 4 SQ. FT.

GIVE A BRIEF DESCRIPTION OF YOUR HOME OCCUPATION (GOODS / SERVICES OFFERED, HOURS OF OPERATION, ETC.)

APPLICANT: _____ **DATE:** _____

PLANNING DEPT. USE

ZONING: _____ SQ.FT. UTILIZED: _____ (MUST BE LESS THAN TOTAL SQ.FT. _____ X .25 = _____ OR 50')

COMMENTS: _____

LAND USE ADMINISTRATOR: _____ DATE: _____