



CITY OF SIMPSONVILLE HOME OCCUPATION SUPPLEMENTAL FORM

SITE/PROPERTY LOCATION:

Property Address: _____ Tax Map Number: _____

APPLICANT: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

PROPERTY OWNER (if different from Applicant): _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

Name of the Business: _____

Description of the Home Occupation (be specific): _____

_____Is this location your primary residence? Yes NoDo you presently own this property/home? Yes NoDo your neighborhood's covenants and restrictions allow your home occupation? Yes No N/AAre there any other home occupations at this location? Yes No

If yes, please list and describe other home occupations _____

(Child Care Home Only) Is your back yard enclosed by a fence at least 4 feet tall? Yes NoSubmittal Checklist*: Consent Letter from Property Owner (if applicant is different than property owner)

*Staff reserves the right to request additional information and/or materials as necessary

I do hereby certify that the information provided herein is correct and that I understand the City of Simpsonville's regulations pertaining to home occupation including the following:

- ❖ I need to obtain a business license from the City of Simpsonville before I begin my home-based business.
- ❖ My home-based business cannot take up more than 25 percent of my home.
- ❖ No more than 2 clients, patients, or pupils can be at my home at the same time
 - Exception: A child care home can have up to 6 children
- ❖ Unless they live in my house, no more than 1 employee can be at my home at the same time.
- ❖ Deliveries for my business are limited to passenger vehicles & mail/express carriers (e.g., USPS/UPS/FedEx).
- ❖ No more than 1 commercial or business vehicle can be parked at my home at the same time.
- ❖ Any parking associated with my home-based business must be accommodated in my driveway.
- ❖ My business cannot create any disturbing or offensive noise, vibration, smoke, dust, odor, fumes, heat, glare, unhealthy or unsightly condition.
- ❖ I understand that outdoor storage and outdoor display for my home-based business is strictly prohibited.
- ❖ I understand that merchandise, commodities or goods cannot be sold or traded in person at my home.

Signature**Printed Name****Date**

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