

APPLICANT CERTIFICATION (HOME OCCUPATION PERMIT): PLEASE READ AND INITIAL THE FOLLOWING 10 STATEMENTS

_____ 1) I have read and understand the requirements as set forth in the Unified Development Code (UDC), Chapter 16, Article III, Home Based Businesses.

_____ 2) I affirm that I am the owner/proprietor of the home business and will be operating the business from my principal domicile or permanent home.

_____ 3) I understand that it is my responsibility to notify the Planning and Community Development Director of any changes in conduct of the home occupation that are different from that included in the description above. Such changes may result in the need for a new application.

_____ 4) I understand that I am responsible for maintaining a valid Forsyth County business license and that failure to hold a valid business license will invalidate the home occupation permit.

_____ 5) I understand that approval of this home occupation permit is valid for an initial twelve (12) months unless otherwise specified as a condition of approval by the Planning Commission. After the initial twelve (12) month period, all home occupation permits expire on the 1st day of April.

_____ 6) I understand that the Planning and Community Development Director may revoke a home occupation permit if any of the following circumstances occur:

- (a) Changes occur in the activities or character of the home occupation being conducted that warrant additional review and approval by the Planning and Community Development Director or Planning Commission;
- (b) Whenever the Planning and Community Development Director has reasonable cause to believe that any of the general or specific requirements and/or performance criteria set forth in the Code, or conditions imposed as part of the home occupation permit is being or have been violated, or any activity associated with the conduct of the home occupation becomes hazardous, harmful, noxious, offensive or a nuisance to the surrounding neighborhood and properties.

_____ 7) I understand that if the Planning and Community Development Director does revoke this home occupation, the Director's decision may be appealed to the Zoning Board of Appeals.

_____ 8) I understand that the granting of a home occupation permit shall not constitute a covenant running with the property from which such home occupation is being conducted. A home occupation permit shall not be transferable to another property and shall automatically and immediately terminate and become null and void upon the sale, lease, or transfer of said property to a party different than to whom the home occupation permit was originally granted.

_____ 9) I understand that failure to comply with the provisions of the Unified Development Code (UDC), Chapter 16, Article III, Home Businesses, including failure to obtain a home occupation permit to operate my home based business, shall constitute a misdemeanor and is punishable as provided by the provisions of OCGA Section 36-1-20.

_____ 10) Please list the name(s) and dollar amount of any campaign contribution or gift (for gifts greater than \$100) made to any Forsyth County elected official during the two years immediately preceding the filing of this application. If the applicant is a business, then such disclosure shall pertain to contributions made on behalf of the business as well as on behalf of the individual representing the business for purposes of this application submittal.

Please indicate the name of the elected official, date of gift, and dollar amount of any gift or contribution:

The undersigned has personally appeared before me, a Notary Public, and states upon oath and by initialling, that he/she has read, understands, and agrees to comply with each of the above ten (10) applicant certifications.

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Notary: _____ Date: _____

I. SIGN ORDINANCE ACKNOWLEDGEMENT

By signing below, applicant acknowledges and affirms that prior to submission of this application for home occupation permit, applicant has read and reviewed the County regulations applying to such application, including the Forsyth County Sign Ordinance, and agrees to comply with the provisions of the Code.

Name:

Signature of Applicant: _____

Date: _____

J. APPLICANT WITHDRAWAL (ONLY SIGN IF OFFICIALLY WITHDRAWING APPLICATION REQUEST)

Signature of Applicant: _____

Date: _____



Forsyth County Department of Planning & Community Development

110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2115 | forsythco.com

FOR STAFF USE ONLY
DATE & TIME STAMP

Contact Information

A. APPLICANT CONTACT INFORMATION

Name:

Mailing Address:

Phone#:

E-mail Address:

B. REPRESENTATION INFORMATION

Name:

Address:

Phone#:

E-mail Address: