



# ST. CHARLES PARISH

## DEPARTMENT OF PLANNING & ZONING

### PERMIT APPLICATION HOME OCCUPATION PERMIT

## HO - WEB

PERMIT #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

DATE POSTED: \_\_\_\_\_ NOTICES DATE: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

IS THE APPLICANT THE OWNER OF THE AFFECTED PROPERTY? YES NO

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

PHONE #'S: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Below specify the type of business you are applying to operate from your home, and, in detail, explain how you plan to operate the business, any materials that will be stored at the home, or any vehicles used either partially or exclusively for the business, that will be kept at the home:

**HOME OCCUPATION DEFINITION:** A home occupation is an accessory use of a dwelling unit, conducted by one or more persons who reside at the property in question. The home occupation is clearly incidental and secondary to the use of the dwelling for residential purposes and does not change the character thereof or adversely affect the uses permitted in the residential district of which it is a part.

**IMPORTANT NOTICE: READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

You are cautioned that the permit does **NOT** allow operation of a home occupation in violation of the laws and ordinances. The Planning & Zoning Department, Louisiana Department of Health and Hospitals unit, your local Fire Department personnel, or the Louisiana State Fire Marshall, may inspect your home occupation location. If you have any doubt that your home occupation location and/or building does not conform to the requirements of the ordinances, laws and regulations administered by these departments, you are urged to contact them for further information before filing this application for a Home Occupational Permit. **YOU MUST ACKNOWLEDGE YOUR UNDERSTANDING, ACCEPTANCE OF, AND COMMITMENT TO COMPLY WITH EACH OF THE FOLLOWING PROVISIONS BY INITIALING IN THE SPACE PROVIDED.**

- ☐ a. I will use only hand tools and minor mechanical equipment. No piece of equipment shall exceed two (2) horsepower and the total of all mechanical and/or electric equipment shall not exceed six (6) horsepower. A single kiln shall not exceed eight (8) kilowatts or the equivalent in a gas-fired fixture.
- ☐ b. I agree that no sales of products and no services will take place at this home occupation location unless specifically authorized by the Planning Director.
- ☐ c. I will not place any signs of any type on the property regarding the home occupation.
- ☐ d. I will not have any vehicle greater than one ton (manufacturers rating) at the home.

- \_\_\_\_\_ e. **Only members of my family, who actually reside at the home with me,** will engage in the home occupation. I will not have any employee(s) come to my home. I will not have any customers coming to my home, unless specifically authorized by the Planning Director.
- \_\_\_\_\_ f. I will limit all storage of materials or products to 20% of gross floor area of the dwelling. All storage will be inside a building.
- \_\_\_\_\_ g. I will conduct the home occupation inside a building. (A carpet or patio sunshade is not inside a building.)
- \_\_\_\_\_ h. If I use any of the garage area for the home occupation, I will only use an area that does not reduce parking area for the cars.
- \_\_\_\_\_ i. I agree that the home occupation shall not cause any external effect associated with the home occupation such as increased noise, excessive traffic, excessive lighting, or offensive odor which is incompatible with a residential zone, or in violation of the provisions of any applicable government code. There shall be no illegal discharge of any materials, fluids, or gases into the sewer system or discharged in violation of any applicable government code whatsoever.
- \_\_\_\_\_ j. I will obtain a parish Occupational License and a Health Certificate from the Parish Health Department when required.
- \_\_\_\_\_ k. **I will provide a copy of the parish Occupational License that I obtain for the business to the Department of Planning & Zoning upon its issuance and upon renewal of that license annually, I will provide a copy to the Department of Planning & Zoning within ten (10) days of the effective date of renewal.**
- \_\_\_\_\_ l. I agree that the Planning Department, Fire Department or Louisiana State Fire Marshall and Health Department may inspect my premises at any time.
- \_\_\_\_\_ m. I understand that any failure to observe, abide by, and comply with **all** of the twelve statements above will cause the Home Occupation Permit to be forfeited and rendered null and void by my own actions or failure to act.
- \_\_\_\_\_ n. I hereby acknowledge receipt and understanding of all St. Charles Parish Ordinances regulating home occupations, and **agree to observe, abide by, and comply with all such regulations as well as any special provisions required by the Planning Director.**
- \_\_\_\_\_ o. Pay permit fee of \$100 upon application for a home occupation.  
(**Make checks payable to St. Charles Parish Finance Department.**)

**I HAVE READ AND RECEIVED A COPY OF THE HOME OCCUPATION ORDINANCE, AND I ACKNOWLEDGE THAT I WILL COMPLY WITH ITS CONDITIONS AND WITH ANY SPECIAL PROVISIONS IMPOSED BY THE PLANNING DIRECTOR. I FURTHER ACKNOWLEDGE THAT ANY VIOLATION OF THE ORDINANCE OR SPECIAL PROVISIONS CONSTITUTES AN EXPRESSED SURRENDER, ABANDONMENT AND FORFEITURE OF THE HOME OCCUPATION PERMIT.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**( IF THE APPLICANT HEREIN IS NOT THE PROPERTY OWNER, WRITTEN CONSENT OF OWNER TO OBTAIN THE HOME OCCUPATION PERMIT MUST ACCOMPANY THIS APPLICATION .)**

SPECIAL PROVISIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application is approved/disapproved on this date: \_\_\_\_\_

\_\_\_\_\_  
PLANNING DIRECTOR