



St. Charles Parish Department of Planning & Zoning

P.O. Box 302  
Hahnville, LA 70057  
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Planning Commission meeting on 4/5/07

PERMIT APPLICATION  
HOME OCCUPATION PERMIT

PERMIT #: 1638-07 DATE RECEIVED: 3/6/07  
RECEIPT#: 19256 ZONING DISTRICT: R-1A  
DATE POSTED: \_\_\_\_\_ NOTICES DATE: \_\_\_\_\_  
SUBDIVISION: Luling Heights  
APPLICANT: Michael R. Conover  
IS THE APPLICANT THE OWNER OF THE AFFECTED PROPERTY? tenant  
MAILING ADDRESS: Michael Conover  
STREET ADDRESS: 222 Barton Avenue Luling, La. 70070  
NAME OF BUSINESS: Michael's Construction  
BUSINESS ADDRESS: 222 Barton Avenue Luling, La. 70070  
PHONE #'S: 504-234-2519 - 985-785-5583  
E-MAIL ADDRESS: mconover3@cox.net

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:

- 1.) I Run my business through my cell phone then write proposal at my desk after I look and measure the construction job.
- 2.) I keep all my tools in my 1999 Z71 pick-up truck. And my garage has meter saw, ladder table saw and Router other than that, I keep everything on job site.
- 3) 1999 Pick-up truck, 12' flat bed trailer.

Renovations + remodeling. NO employees

**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. Your home occupation location MAY be checked by the Planning Department, Health Unit, and Fire Department Personnel. If you have any doubt that your home occupation location and/or building does not conform to the requirements of the ordinances 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.

- MC 1. I will use only hand tools and minor mechanical equipment. No piece of equipment shall exceed 2 horsepower and the total of all mechanical and/or electric equipment shall not exceed 6 horsepower. A single kiln shall not exceed 8 kilowatts or the equivalent in a gas-fired fixture.
- MC 2. I agree that no sales of products and no services will take place at this home occupation unless specifically authorized by the Planning Director.
- MC 3. I will not place any signs of any type on the property regarding the home occupation.
- MC 4. I will not have any vehicle greater than one ton (manufacturer's rating) at the home. No more than one licensed vehicle will be utilized in connection with the home occupation.

- MC 5. Only my family, who actually resides at the home with me, will engage in the home occupation. I will not have any employees come to my home. I will not have any customers coming to my home, unless specifically authorized by the Planning Director.
- MC 6. 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.
- MC 7. I will conduct the home occupation inside a building. (A carport or patio sunshade is not inside a building)
- MC 8. The home occupation will not eliminate required off-street parking.
- MC 9. I agree that the home occupation shall not cause external effects, including but not limited to: increased noise, excessive traffic, excessive lighting, or offensive odor, which is incompatible with the characteristics of the residential zone, or in violation of any applicable governmental code. There will be no illegal discharge of materials, fluids, or gases into the sewer system, or any other manner of discharging such items in violation of any governmental code.
- MC 10. I will obtain parish Occupational License and a Health Certificate from the Parish Health Department when required
- MC 11. I will provide a copy of the parish Occupational License for the business to the Department of Planning and Zoning upon its issuance and upon renewal of that license annually. I will provide a copy of the occupational license to the Department of Planning and Zoning by the 31st of March of each calendar year.
- MC 12. I agree that the Planning Department, Fire Department or Louisiana State Fire Marshall and health department may inspect my premises at any time.
- MC 13. I understand that failure to abide by the twelve statements above will cause the home occupation permit to be revoked.
- MC 14. I will further read and agree to abide by St. Charles Parish Ordinance regulating home occupations, as well as any special provisions required by the Planning Director.

**CHECKLIST OF ITEMS NEEDED TO PROCESS APPLICATION:**

- A. Act of Sale to Property
- B. Signed and notarized affidavit from property owner, if applicant is not the property owner.
- C. Print out of abutting property owners from the Assessor's Office.
- D. Check or money order for \$200 made payable to St. Charles Parish Department of Finance.

**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 AND ABANDONMENT OF THE HOME OCCUPATION PERMIT.**

APPLICANT SIGNATURE: Michael H. R. Combs DATE: \_\_\_\_\_  
 If the applicant herein is not the property owner, a written and notarized letter of consent must be obtained from the owner to obtain the home occupation permit.

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

SPECIAL PROVISIONS:  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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PLANNING DIRECTOR SIGNATURE/DATE