



City of Smiths Station
P. O. Box 250
2336 Lee Road 430
Smiths Station, AL 36877

HOME OCCUPATION PERMIT APPLICATION (2 PAGE)

Applicant Information

Business Name:
Property Owner:
Street Address:
Mailing Address
City: State: Zip:
Phone No.:
Contact Person:
Do you presently have a City Business License: YES _____ NO _____
If current Business License held, issued date:

Nature of Business

1. Describe the nature of the Business on residential premises:

2. List all equipment or machinery to be used in conducting this business:

3. Hours of Operation: _____ to _____ Days of Operation: _____ to _____

4. Total Residential Square footage: _____ Square footage used by business: _____

5. Number of off premises employees: _____ Number of on premises employees: _____

OFFICIAL USE ONLY

Date Application Received: _____ Case No.: _____

Permit Fee: _____ Receipt #: _____

Approved By: _____ Date Approved: _____

(334) 297-8771 Office visit our website www.smithsstation.us (334) 448-8422 Fax

HOME OCCUPATION PERMIT APPLICATION (2 PAGE)

AFFIDAVIT

This is to acknowledge that I will abide by the following rules and regulations of the Business License, Zoning Ordinance, and/or other ordinances of the City of Smiths Station in order to have a business license issued in a residential zone.

1. An occupation for gain or support conducted at a residence.
2. The business may only employ the members of the family residing in the dwelling unit. The exception is when the work is to be done off premises a total of three (3) employees are allowed.
3. The occupation is incidental to the residential use.
4. The business shall not occupy more than twenty-five percent (25%) of the gross floor area in the dwelling that they live in.
5. The residential appearance of the premises shall be maintained and all off-street parking, other than those spaces located on the residential driveway, shall be located in the rear or side yard.
6. No noise or traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood.
7. If the business is found to be in violation of the City of Smiths Station Zoning Ordinance, Business License Ordinance, or any other applicable ordinances, the license shall be revoked and civil and/or criminal penalties may apply.

Print Name

Title

Signature

Date

Occupancy Permit Application

Date: _____

Business Name _____ Phone _____

Business Address _____ ZIP _____

Is the business located in the city limits of Smiths Station? Yes _____ No _____
(If "yes" please submit a copy of the zoning permit along with this application)

Is/was there a former business located at this address? Yes _____ No _____ Not Sure _____
(If "Yes", what type of business?) _____

Business Owner/operator
Name _____ Phone _____

Address _____ Zip _____

Building Owner
Name _____ Phone _____

Address _____ Zip _____

Is this a _____ New Business or _____ Existing Business?

Will the proposed business be located at your residence? Yes _____ No _____ (if "Yes", it must meet all the requirements listed for a **Home Occupation** on page two of this application)

If this qualifies as a Home Occupation, will there be any public access to the residence?
Yes _____ No _____

Nature of Business _____

*Does this business involve the preparation or sale of food? Yes _____ No _____

*Does this business involve the sale of alcohol? Yes _____ No _____

*Does this business involve the sale of fireworks? Yes _____ No _____

*Is this business a daycare? Yes _____ No _____

***denotes additional approvals from appropriate authorities.**

Buildings or spaces within buildings are not allowed to be occupied without a current Certificate of Occupancy issued in the name of the tenant occupying that building or space. In some cases, a Temporary Certificate of Occupancy may be issued for a fixed period of time to allow for minor repair. All life safety requirements are required to be in compliance before a building or space may be occupied.

This is an application and receipt and not a permit to occupy the building. Please allow 24 hours for application processing prior to calling for an inspection. To arrange an inspection, please call (334)737-7014.

Home Occupation: An activity conducted for gain within a residential structure that does not alter the residential character of such structure or neighborhood. The business may only employ members of the family residing in the dwelling unit. The exception is when the work is to be done off premises a total of three (3) employees are allowed. The occupation shall be incidental to the residential use of the dwelling unit. The business shall not occupy more than twenty-five percent (25%) of the gross floor area in the dwelling. If the business is found to be in Violation of the City of Smiths Station Zoning Ordinance, Business License Ordinance, or any other ordinances, the license shall be revoked and civil and/or criminal penalties may apply. (City of Smiths Station Ordinance NO. 2011-075)

Occupancy permits shall be applied for before a power release may be called in or temporary occupancy granted. In some instances an occupancy permit must be approved before a business license is issued.

When inspecting for electrical safety, the following items are checked:

1. Unused openings in panel boxes shall be closed.
2. The working space in front of panel boxes shall be not less than three (3) feet.
3. Extension cords shall not be used as permanent wiring.
4. Appliances shall have no live parts normally exposed to contact

When inspecting for building safety, we include:

1. Fire rated tenant separation, if required
2. Exit signs and emergency lighting, if required, shall be operable.
3. Exit door hardware, IE: double cylinder key lock deadbolts on required exits are not allowed.
4. Rated interior doors, IE: operable closer, doors are not propped open.
5. Occupancy classification.
6. Exit egress, IE: width of doors, aisle width, travel distance, dead end pockets.
7. Handrails, guardrails, steps and landings.
8. Heating systems.
9. Plumbing system including water fountains, restroom facilities, capped sewer lines.
10. Restroom ventilation, IE: operable window or operable fan.

Applicant Signature _____

Date _____