Home Occupation Application  
City of LaGrange

Please answer the following questions completely and submit the application to the LaGrange Department of Community Development, Permits & Business Licenses for approval. If your application is disapproved, you may contact the Board of Planning and Zoning Appeals, 200 Ridley Ave Rm 109, LaGrange, GA 30240.

**Applicant Information**

<table>
<thead>
<tr>
<th>Business Name:</th>
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<tbody>
<tr>
<td>Address of Business:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address if Different:</td>
<td></td>
</tr>
<tr>
<td>Property Owner’s Name:</td>
<td></td>
</tr>
<tr>
<td>Applicant’s Name: (Print Name)</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email address</td>
<td>Other Contact phone#</td>
</tr>
<tr>
<td>Nature of Business:</td>
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</tbody>
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**Site Information**

Please read attached information prior to completing the following questions.

<table>
<thead>
<tr>
<th>YES OR NO</th>
<th>YES OR NO</th>
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<tbody>
<tr>
<td>OUTSIDE STORAGE</td>
<td>( )</td>
</tr>
<tr>
<td>WILL YOU MAKE ALTERATIONS</td>
<td>( )</td>
</tr>
<tr>
<td>BUSINESS VEHICLES</td>
<td>( )</td>
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<tr>
<td>WILL YOU INSTALL SIGNAGE</td>
<td>( )</td>
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</table>

**TYPES OF EQUIPMENT USED FOR BUSINESS:**

________________________________________________________________________________

________________________________________________________________________________

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CLARIFY:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

APPLICANT SIGNATURE: __________________________ DATE: __________________________

APPLICATION: Approved ( ) Denied ( ) DATE: __________________________

City of LaGrange Official
Provisions pertaining to Home Occupations

- Home Occupations are only granted to the property owner. If you rent a residential structure and desire to have a home occupation, the Board or its designee will consider your request with a letter from the owner of the property granting permission.

- In the even the Board or its designee grants a home occupation that occupation is attached to the property. If the applicant relocates to another address in the city limits, the applicant must reapply for a home occupation at that location.

Home Occupation Review Process

In the event the Board disapproves, applicant must wait for one-year before reapplying.

Section 25-35-9 of the Code of the City of LaGrange states the following provisions:

- No accessory buildings or outside storage shall be used in connection with the home occupation.
- No internal or external alterations inconsistent with the residential use of the building may be permitted.
- Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the customary home occupation.
- No machinery that causes noises or other interference in radio and/or television reception shall be allowed.
- No chemical, electrical or mechanical equipment that is not normally a part of domestic or household equipment shall be used primarily for commercial purposes.
- Instruction shall be limited to three (3) students at one (1) time.
- Not more than twenty-five (25) percent of the total area of any dwelling is to be used for home occupations.
- There shall be no storage of merchandise, stock-in-trade or commodities on the premises.
- A person who is not a resident on the premises shall not be employed in connection with the home occupation.
S.A.V.E/ PUBLIC AFFIDAVIT

By executing this affidavit under oath, as an applicant for:
(check app.)
__Occupation Tax Certificate
__Alcohol License,
__Other public benefit

as referenced in O.C.G.A Section 50-36-1,

from the City of LaGrange, Georgia the undersigned applicant verifies one of the following with respect to my application for a public benefit: (choose one)

1) """"I am a United States citizen 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A.§ 50-36-1(e)(1), with this affidavit"

2) """"I am a legal permanent resident 18 years of age or older has provided at least one secure and verifiable document, as required by O.C.G.A.§ 50-36-1(e)(1), with this affidavit"

3) """"I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the department of Homeland Security of other federal immigration agency.

My alien number issued by the Department of Homeland Security of other federal immigration agency is:

__________________________

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by o.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

__________________________

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A § 16-10-20, and face criminal penalties as allowed by such criminal stature.

Executed in ____________________________ (city), __________ (state)

(MUST BE NOTARIZED IN FRONT OF A NOTARY)

__________________________________________
Signature of Applicant: Date

__________________________________________
Printed Name

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE
__________DAY OF _________________, 20___

Notary Public_________________________________________
PROPERTY OWNER’S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is the subject of the application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a Home Occupation application on the subject property.

Name of Property Owner:_________________________________

Telephone Number:_________________________________________________________________

Address of Subject Property:__________________________________________________________

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of City of LaGrange, Georgia

___________________________________
Signature of Property Owner

Personally appeared before me

___________________________________                                           (Affix Seal Here)
Who swears the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

___________________________________
Notary Public

___________________________________
Date