

City of Lithonia

6920 Main Street, Lithonia, GA 30058 PH: (770) 482-8136 / Fax: (770) 526-0252

HOME OCCUPATION SUPPLEMENTAL REGISTRATION FORM

BUSINES	S NAME:		
BUSINES	S TYPE:	,	
BUSINES	S ADDRESS:		BUSINESS PHONE:
APPLICA	NT:		RESIDENCE PHONE:
DidLi DL	serur from or ber		
Definition	secondary us		s an occupation carried on by an occupant of a dwelling unit as a residential purposes, and is operated in accordance with applicable ce.
376, 27-42	26 of the Zoning Or	dinance adopted by t	cupations (per Sections 27-201, 27-221, 27-241, 27-261, 27-351, 27- he Lithonia City Council December 5, 2005):
A. B.	No use shall cre		the home occupation. ration, odor, smoke, glare or electrical interference that would be
C.	The use shall be conducted entirely within the dwelling unit and only persons living in the dwelling unit shall be employed at the location of the home occupation.		
D.	No more than 25%	% of the dwelling un	it and in no case more than 500sq. ft., whichever is less may be used
E.	No use shall invo premises other th (public) contact, v	an by telephone. (I which must be appro	n the property and no article, product, or service shall be sold on the Note: A special Land Use Permit may be applied for the customer oved by the Planning and Zoning Dept. at a public hearing. Contact
F.	the Planning Dept. for information (770-482-8136, Councilman Marcus Lloyd). No materials or equipment shall be stored on the premises upon which the home occupation is located, except where such materials and equipment are stored entirely within the residence.		
G.	No vehicle other than a passenger automobile, passenger van, or passenger truck shall be used in the conduct of a home occupation, and no other vehicle shall be parked or stored on the premises.		
H.	No home occupation shall be operated so as to create a nuisance.		
I.	Home occupation shall not include the use of a dwelling unit for the purpose of operating any automobile repair establishment, taxi service, van service, limousine service, wrecker service, car wash, or ammunition or firearms sales establishment.		
acknowled will compl	ge that I have recei	ved a copy of the z are that failure to co	e proposed business and that it is my principal residence. I hereby coning regulations covering Home Occupation as shown above and mply with said requirements would result in revocation of business
Signed			Date:
For Develop	oment Department U	se Only:	
Approved _	Denied	By:	Date:
Reason (if d	enied)		