



Planning &
Development

APPLICATION FOR:
HOME OCCUPATION PERMIT

PULASKI COUNTY
PLANNING AND DEVELOPMENT
3200 BROWN STREET
LITTLE ROCK, AR 72204
Ph: (501)-340-8200
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HOME OCCUPATION USE CONDITIONS

Your Home Occupation Use Permit application has been received. If approved, you will be allowed to use the property described on your application form for the specific purpose listed. However, the following conditions must be strictly adhered to, and any expansion beyond the scope of this approval will be cause for revocation of your Home Occupation Use Permit.

1. The dwelling must be occupied by the proprietor of the Home Occupation.
2. The Home Occupation shall not exceed 49% of the total square footage of the dwelling. If any part of the Home Occupation is located within an Accessory, then the total square footage dedicated to the Home Occupation (both within the dwelling and Accessory) shall occupy less than the maximum amount of allowable square footage identified in Section 5.2 of the Lake Maumelle Watershed Zoning Code.
3. Outside storage shall occupy less than the maximum amount of allowable square footage identified in Section 5.2 of the Lake Maumelle Watershed Zoning Code.
4. The square footage limitations identified in the table above **do not** authorize a landowner to develop or create impervious area beyond what exists on a property as of the date of adoption. The development or creation of additional impervious cover must comply with Section 3.6 of the Lake Maumelle Watershed Zoning Code and the Pulaski County Subdivision and Development Code. The square foot limitations identified in Section 5.2 of the Lake Maumelle Watershed Zoning Code authorize the amount of area of buildings or outdoor area that may be used for business purposes and be considered home occupations.
5. Any Home Occupation that entails a use that is not prohibited in the use matrix of the Lake Maumelle Watershed Zoning Code is permitted in any zoning district unless the Applicant includes a different restriction in a Site Plan, Conditional Use Permit or a condition of rezoning.
6. The following are prohibited as Home Occupations:
 - Mortuaries.
 - Private clubs.
 - Restaurants.
 - Home Occupations that have been demonstrated to produce surface water pollutant runoff in such quantities that the lot or parcel exceeds the surface runoff loading rates established in the Subdivision and Development Code .
 - Home Occupations that cause the wastewater treatment system serving the dwelling unit to overload or malfunction.

HOME OCCUPATION USE APPLICATION

Date: _____

Applicant's Name: _____

Telephone Number: _____ Email address: _____

Name of Business: _____

Owner of Business: _____

Business address: _____

Property Owned by: _____

Address: _____ Email address: _____

Description of Business or Service Activity offered by the business:

Total number of employees that:

Resides on premises: _____

Resides off premises: _____

Will the proposed use generate pedestrian or vehicular traffic or delivery by mail or courier? Yes _____ No _____

List the services, products or repairs done on the premises: _____

What type of business advertising is proposed? _____

Total acreage for the subject property: _____

Total Square footage of the dwelling unit: _____

Square footage of the Dwelling Unit devoted to business: _____

Total square footage in the accessory devoted to the business: _____

Total square footage of outdoor storage devoted to the business: _____

Additional comments or information: _____

Property Zoning: _____ Inspector's name: _____

Applicant's Signature: _____ Printed name: _____

Disposition of Application: Approved _____ Disapproved _____

Zoning Administrator signature Date

APPLICANT SHOULD BE APPRISED THAT HE/SHE SHOULD INVESTIGATE ANY "BILL OF ASSURANCE" RESTRICTIONS PLACED ON SUBJECT PROPERTY. ADDITIONAL INFORMATION MAY BE REQUIRED BY THE ZONING ADMINISTRATOR OR BOARD OF ZONING ADJUSTMENT.

This is to certify that I have received, read and fully understand the restriction on the use of my residence for a Home Occupation: _____

Signature

Date