

# TOWN of BOYCE

V I R G I N I A

TOWN OFFICE  
POST OFFICE BOX 209  
BOYCE, VA 22620  
540-837-2901

PLANNING OFFICE  
101 CHALMERS COURT, SUITE B  
BERRYVILLE, VA 22611  
540-955-5130

## HOME OCCUPATION APPLICATION

Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### PROPERTY DESCRIPTION:

Tax Map #: \_\_\_\_\_

District: \_\_\_\_\_

Acreage: \_\_\_\_\_ Zone: \_\_\_\_\_

Use: \_\_\_\_\_ Route #: \_\_\_\_\_

### BUSINESS DESCRIPTION:

Business Name: \_\_\_\_\_

Description: \_\_\_\_\_

Description of Space: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Number of employees living in home: \_\_\_\_\_

Will a sign be erected? \_\_\_\_\_ Hours of operation: \_\_\_\_\_

### APPLICANT:

The information provided on this application is accurate to the best of my knowledge. I understand and will comply with the Home Occupation to operate on my property.

Owner's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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### Staff Use Only

Comments or Conditions:

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\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Administrator