



Department of Permitting Services
 Division of Building Construction
 255 Rockville Pike, 2nd Floor
 Rockville, MD 20850-4166
 Phone: 311 in Montgomery County or (240) 777-0311
 Fax (240)-777-6262
 http://www.montgomerycountymd.gov/permittingservices



Application for Home Occupation Certificate

A. Permit Type

Use & Occupancy # _____

Home Occupation Certificate # _____

TYPE OF PERMIT: HOME HEALTH PRACTITIONER

REGISTERED HOME OCCUPATION

B. Location of Building Premises

House Number _____ Street _____

Town/City _____ Zip _____

Lot _____ Block _____ Parcel _____

C. Business Information

Contact ID # _____ Fax # _____

Business Name: _____ Daytime Phone # _____

Business Operator's Name: _____ Home Phone # _____

D. Proposed Use

Use: _____

Total Sq. Footage of Dwelling: _____

Total Sq. Footage of Space for Business Use: _____

Total No. of Employees: _____

No. of Non-resident employees working on Site: _____
 (Excluding resident)

No. of Commercial Vehicles: _____

No. of Client Visits: Per Day: _____ Per Week: _____

How many existing registered Home Occupations and/or Health Practitioners at this address? _____ Registration No.: _____

Have there been previous Home Occupations or Health Practitioners at this address which have been abandoned or revoked:

Yes No If yes, provide Registration No.: _____

Have there been any permits issued within the last 18 months for construction of an addition to the main dwelling? Yes No

Are you creating a new parking area for your home occupation? Yes No

E. Questionnaire for Home Occupation and Health Practitioner

Do you reside or intend to reside in the residence at least 220 days per year? Yes No

Products being sold: Yes No If yes, please list: _____

How many automobile off-street parking spaces are provided: Residential: _____ Office: _____

Do you have any equipment or process that creates noise, vibration, glare, fumes, odors and electrical or electronic interference which is detectable at or beyond lot line: Yes No If yes, please explain: _____

Do you store or dispose of any petroleum products or material defined as hazardous: Yes No

If yes, please explain: _____

F. To be Completed by Medical Practitioner Only

Were you in practice at this address prior to February 5, 1990? Yes No

Do you have a Use and Occupancy Certificate? Yes No Certificate No.: _____

NOTE: If no, an application for Use and Occupancy will be required when this application for registration is accepted for processing.

G. Affidavit

AFFIDAVIT: I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the home occupation registration application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6 of Chapter 59, as amended, and to take whatever action is required by the Department to bring the home occupation or health practitioner's office into compliance if complaints of non-compliance are received and verified.

Original Signature of Operator _____

Date _____

Print Name _____



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Guidelines for Documents Submitted with Application

Following are some guidelines for the documents that need to be submitted with your application. These documents will be scanned into our imaging center and will ensure that your documents are readable and able to be retrieved at a later time if needed.

- All documents must be black ink on plain paper, preferably white.
- A 100% plain contrasting background must be used. It must be white or a light color background.
- Drawings and images must be sharp and bright.
- All drawings must be drawn to scale.
- There should be no filled in or shaded areas although lines or open cross hatching can be used to delineate sections if necessary.
- If you are submitting a revised plan and want to show the area being revised, provide a bubble around the area. Do not shade it in.
- Photographs do not scan well nor do blueprints (white drawing on dark blue background) or brochures which have shading on them.
- The total fee for a Home Occupation Certificate includes the certificate fee and a 10% automation enhancement fee (10% of the certificate fee). Please refer to [County Council Resolution 16-551](#) for Home Occupation Certificate fees.



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Home Occupation/Health Practitioner (HO/HP) Application Submittal Requirements

Types of Home Occupations	HO/HP Registration Application	U & O Application	Site Plan	Floor Plan	Photograph of Parking	Landscape Plan	Certificate or License from MD Dept. of Health and Mental Hygiene
No Impact							
Registered	X		X	X	X		
MAJOR		X					
Health Practitioner	X	X	X	X	X	X	X
Existing	X		X	X			X
New		X	X	X	X	X	X

HOME OCCUPATION/HEALTH PRACTITIONER REGISTRATION APPLICATION:

Applicant must be operator residing in the dwelling in which the business operation will occur.

USE AND OCCUPANCY APPLICATIONS

Applications available at the Department of Permitting Services. Phone (240) 777-6240.

SITE PLAN

One site plan or survey of property - 1 inch = 30 feet scale. The site/parking plan must show dimension of spaces (8.5 feet X 15 feet minimum) location of spaces - width of access aisles or driveways (10 feet minimum) and clearly designate spaces as existing or proposed.

FLOOR PLAN:

One floor plan - all floors to scale 1/8 inch = 1 foot scale. The floor plan must show area devoted to requested use (not to exceed 33% of the total floor area of the dwelling unit). The floor plan must clearly designate all rooms.

PHOTOGRAPH OF PARKING:

One color photograph of areas devoted to parking

LANDSCAPE PLAN:

One landscape plan for parking and driveway areas. The landscape plan should include the common name of the plant evergreens only. Height: 3 feet minimum; spacing 4 feet on center maximum. A solid wall or opaque fence may be used in lieu of plants.

Paragraph 59-A-6(c)(9)(C) of the Montgomery County Code states "Before a Certificate of Registration may be issued, the operator of the home occupation must submit evidence acceptable to the Department (of Permitting Services) that the drainage of the home occupation residential parking area will not damage any nearby property or public Street".

What does this mean? It means that you as the operator of a home occupation are responsible for insuring that runoff from parking areas on your lot do not create a nuisance or damage adjacent properties or roadways.

1. **Guidance when no additional pavement or parking is proposed.** If you are not planning on adding additional parking you need to submit a sketch of your property which shows where water flows from your driveway. Indicate the direction of flow with arrows. The sketch may be hand drawn, or, you can use a copy of your record plat.
2. **Guidance when you are planning on adding additional pavement or parking.** If you are planning on adding additional parking you need to insure that additional runoff does not damage nearby property (public or private). Therefore, on a sketch of your property please indicate where water will flow from your existing driveway and from the additional parking area. You may need to divert runoff through the use of grass swales or asphalt curbs to insure safe conveyance onto the public street or other suitable area. You will need to obtain additional permits from the Department of Permitting Services for any grading within the public right of way.

Please submit this information when you are making application for your Certificate of Registration. A representative of the Department of Permitting Services will review your drawing and, if necessary, make a visit to your property. The Department may require additional drainage measures to insure that neighboring properties are adequately protected prior to issuance of a Certificate of Registration.

If you have questions or comments please call 311 or, if outside Montgomery County 240-777-0311.