

Type R Home Occupation Supplement Form

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Busi	iness Name:		DBA Name:			Account #:
SS Dom	Dominant Business Activity Occurring On-site:					NAICS Code:
Business formatio City	Address/Location:					Telephone Number:
City	City:		State:		Zip:	
Applicant's Name:		Owner/Agent's		nt's Name:	Name:	
	ome Occupation					
Type B home occupations are those in which household residents use their home as a place of work and either one non-resident employee or customers come to the site. Typical examples include tutors, teachers, photographers and licensed therapists or counselors. The following provisions shall apply to all Type B home occupations, at a minimum:						
1.	Customers or clients may visit the site only from 8 a.m. to 8 p.m. No more than 2 clients or customers may be present at any one time, except that up to 3 students may be present at one time in a teaching-related home occupation (e.g., tutor or music/dance instructor).					
2.	One nonresident employee is allowed with a Type B home occupation if no customers come to the site at any time. Home occupations that have clients, customers or students coming to the site at any time may not have nonresident employees. For the purpose of this provision, the term "nonresident employee" includes an employee, business partner, co-owner or any other person affiliated with the home occupation, who does not live at the site, but who visits the site as part of the home occupation.					
3.	No stock in trade may be displayed or kept for sale on the premises and no on-premise sales may be conducted.					
						ork and either one non- Occupation Supplement
Are you conducting a teaching-related Type B Home Occupation conducted entirely within the principal dwelling? \Box Yes \Box No						
If yes, you are subject to the administrative permit procedures of Article V, division 3.						
Are you conducting any other Type B Home Occupations? \square Yes \square No						
If yes, you are subject to the special land use permit procedures of Article V, division 7.						
I certify that I reside at the address shown for the proposed business and that it is my principal residence. I hereby acknowledge that I have received a copy of the zoning regulations covering Type B Home Occupation as shown above and will comply with it. I am aware that failure to comply with said requirements would result in revocation of business license and/or legal action by the City of Dunwoody.						
Signed					Date:	
OFFICE 1	USE ONLY: Cla	ass Type	H.O.P	District	Lot Blo	ock Parcel
Pending I Business	tems: C.O Fire License Items: Print	Denied b Health Sa mary ID#	oy anitation Service Ov	Date State License vner's ID#	Denial Keason Insurance Bill To I	_ Police Other D#