



Home Occupation Application

Date _____

The applicant certifies information in this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void.

Tax Map Number _____

Please mark X on one of the following

Property Address _____

Rent _____ Own _____ Lease _____

(For information on Home Occupations see Section 6:12 of the Greer City Ordinance or the Zoning Brochure)

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described? YES _____ NO _____

Square Footage of Home Office _____

Name of Business _____

Type of Business _____

<u>Applicant Information</u>	
Name	_____
Address	_____
Contact Number	_____
Email	_____

<u>Property Owner Information</u>	
Name	_____
Address	_____
Contact Number	_____
Email	_____

PLEASE NOTE:

If a request is denied, the property owner has the right to appeal within 15 days of this determination. Appeal forms are available in the Building and Development Standards Department of the City of Greer. By signing this application you are agreeing to comply with the requirements for Home Occupation as defined in Section 6:12 of the Zoning Ordinance

Applicant Signature _____