SAMPSON COUNTY
PLANNING & INSPECTIONS

Planning: (910) 631-1039
Inspections: (910) 592-0146

Planning: planning@sampsoncountync.gov
Inspections: inspections@sampsoncountync.gov

Address: 335 County Complex Rd, Bldg D Clinton, NC 28328
Hours of Operation: Monday – Friday, 8am – 5pm

Submit your application, site plan, and floor plan to: planning@sampsoncountync.gov

HOME OCCUPATION APPLICATION

APPLICATION REVIEW FEE: $150

BUSINESS INFORMATION

BUSINESS NAME: _____

PROPOSED USE (CHILDCARE, RETAIL, ETC. PLEASE EXPLAIN PROPOSED USE):

_____

_____

NUMBER OF EMPLOYEES LIVING OFF SITE: ____

NUMBER OF WORK VEHICLES TO BE KEPT ON SITE: ____

ANTICIPATED NUMBER OF ONSITE CUSTOMERS PER DAY: ____

SITE INFORMATION

PROPERTY ADDRESS: _____

PIN (PROPERTY ID NUMBER): _____

ARE YOU CONSTRUCTING A BUILDING TO BE USED FOR YOUR BUSINESS? YES ____ **NO** ____

PROPERTY ACREAGE: _____ **SQUARE FOOTAGE OF HOME:** _____

PROPOSED HOURS OF OPERATION: MON-SAT: _____ **SUN:** _____

CUSTOMER PARKING (SELECT ONE): OFF-STREET ____ **ON-STREET** ____

APPLICANT INFORMATION

APPLICANT NAME: _____

BUSINESS NAME (IF APPLICABLE)**:** _____

CONTACT PERSON NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **EXT:** _____

EMAIL ADDRESS: _____

PROPERTY OWNER INFORMATION

If the applicant is not the property owner, attach a complete owner's consent form giving express authorization of this home occupation permit application.

PROPERTY OWNER NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **EXT:** _____

EMAIL ADDRESS: _____

APPLICANT SIGNATURE

I, _____certify that all information provided with this application is accurate. By signing this application, I am acknowledging that I am responsible for obtaining the proper permits from Sampson County Building Inspections and Environmental Health. Failure to obtain a Certificate of Occupancy Permit from Sampson County Building Inspections will render the zoning permit associated with this application invalid. I acknowledge if the Zoning Officer requires a site plan and that if the structure is located on the property in any location other than what is show on my submitted site plan, then I as the applicant accept sole responsibility for non-compliance.

_____ _____

APPLICANT SIGNATURE **DATE**

REQUIRED SITE PLAN & FLOOR PLAN

Applications submitted without a site plan and/or floor plan will not be processed.

Per Section 1002 of the Sampson County Zoning Ordinance, Home Occupation applications must contain the following items: 1. A site plan compliant with the requirements listed in Chapter 2, Section 202(c); 2. A floor plan that displays the total heated square footage of the home and the square footage that is to be used for the home occupation. The floor plan must indicate the portion(s) of the home used for the Home Occupation.

PLEASE SUBMIT A SITE PLAN COMPLETE WITH THE FOLLOWING MINIMUM REQUIREMENTS:

1. Zone lot with dimensions.
2. Adjoining properties, property owners and uses.
3. Existing structures with dimensions and heated square footage.
4. Proposed structure(s) with dimensions and square footage.
5. Proposed use.
6. Number of employees, if applicable.
7. Hours of operation, if applicable.
8. Off-street parking, loading and unloading, access to existing streets.
9. Easements and Rights-of-ways.
10. Floodplains or statement not in flood plain.
11. Wetlands and other areas of environmental concern, or statement that none exist.
12. Name, location and dimension of any proposed streets, drainage facilities, parking areas, required yards, required turnarounds as applicable.
13. Proposed phasing, if applicable.
14. Areas not served by public wastewater facilities, documentation showing that each lot can reasonably support a septic system and repair area or, in the alternative, the location of any shared outlying drain fields/wastewater systems.
15. Location of access and utility easements to be reserved and dedicated in support of any adjoining properties that do not possess a public right of way to a public street.

PLEASE SUBMIT A FLOOR PLAN COMPLETE WITH THE FOLLOWING MINIMUM REQUIREMENTS:

1. A floor plan that displays the home and the total heated square footage of the home.
2. The portion (square footage) of the home to be used for the home occupation labeled.

FOR OFFICE USE ONLY

APPROVED ____ **DENIED** ____

REVIEWED BY: _____ **DATE:** _____

NOTES:

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THIS APPROVAL IS BASED ON THE INFORMATION SUPPLIED. IF THE INFORMATION IS IN ERROR, THEN THIS CERTIFICATE IS NULL AND VOID. A NEW PERMIT WILL BE REQUIRED PRIOR TO ANY CHANGE OR ADDITION. THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM FEDERAL AND STATE AGENCIES, SAMPSON COUNTY ENVIRONMENTAL HEALTH, AND SAMPSON COUNTY INSPECTIONS AS APPLICABLE.