



# Lancaster County Zoning Department

101 N. Main Street  
P.O. Box 1809  
Lancaster, South Carolina 29721-1809

## Zoning Home Occupation Application

Telephone (803) 416-9777

Fax (803) 416-9797

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site Location: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Description of Home Occupation: \_\_\_\_\_

Gross floor area of Home Occupation: \_\_\_\_\_

NOTE: COVENANT RESTRICTIONS MAY EXIST AND THE MOST RESTRICTIVE REGULATIONS SHALL APPLY.

IS THIS A PART OF A HOMEOWNER ASSOCIATION? YES/NO IF SO HOA APPROVAL MUST BE ATTACHED.

### FOR OFFICE USE ONLY

Tax Map Number: \_\_\_\_\_

General Standard's checklist completed YES/NO

Zoning Designation & other notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

The undersigned acknowledge any information given incorrectly, erroneous or incomplete shall render this document, and therefore, any permit issued null and void. I further understand that the Lancaster County Zoning Department can not intervene in contract and /or liability disputes.

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

**5.4.2 HOME OCCUPATION [AR, RR, RN, MH, LDR, MDR, UR, HDR, RMX, MX, IMX]**

1. What is the square footage of the residence, excluding garage area? 1st Floor \_\_\_\_\_ 2nd Floor \_\_\_\_\_ TOTAL \_\_\_\_\_

2. What exterior and/or interior changes to your dwelling would occur as a result of this home occupation? \_\_\_\_\_  
\_\_\_\_\_

3. Will the home occupation be housed in new or existing building(s)? \_\_\_\_\_

4. If an accessory building is used, what is the total square footage of that structure? \_\_\_\_\_

Describe the structure (garage, shed, pole barn, etc.) \_\_\_\_\_

5. What is the total square footage dedicated for use by the home occupation in the residence, garage, and/or accessory building(s)? \_\_\_\_\_

6. List all accessory buildings to be used (i.e.; garage, shed, etc.) and total square footage for each:

\_\_\_\_\_  
\_\_\_\_\_

7. Number of person (other than family members residing on-site) employed for the home occupation? \_\_\_\_\_

8. How many business trips per day do you expect? \_\_\_\_\_

9. Will you have customers come to your business? \_\_\_\_\_

If so, how many and how often? Total Per Hour \_\_\_\_\_ Total Per Day \_\_\_\_\_

10. What materials will be stored on site? \_\_\_\_\_

11. Any of these hazardous materials?  Yes  No If yes, specify types: \_\_\_\_\_

12. What additional water supply will be required? \_\_\_\_\_

13. What additional wastewater disposal will be required? \_\_\_\_\_

14. Will the business require signage?  Yes  No

15. Will the business require on-site sales of any kind?  Yes  No

**Please initial at the end of each section.**

**A. General Standards.**

1. The home occupation shall be clearly incidental and secondary to residential occupancy.
2. The use shall be carried on entirely within an enclosed structure on the premises.
3. The home occupation shall be operated by a resident of the dwelling.
4. A maximum of 25 percent of the gross floor area of the dwelling unit or 500 square feet, whichever is less, may be used for the home occupation.
5. A maximum of one full-time equivalent non-residents of the dwelling may be employed on
6. The use shall not generate pedestrian or vehicular traffic beyond that normal to the district in which it is located.
7. The home occupation shall not involve the use of any commercial vehicles and semi tractor trailers for the delivery of materials to or from the premises. Common and routine frequency for residential parcel delivery service is not prohibited.
8. No equipment or process shall be used in connection with the use which creates noise, vibration, glare, fumes, fire hazard, odors, dust, or electrical or communication interference detectable to the normal senses off the premises (in the case of a detached dwelling, off the lot; in the case of an attached unit, outside the dwelling unit). No equipment or process shall be used which creates visual or audible interference in any radio or television receiver off the premises.
9. The home occupation shall not cause an increase in the use of any one or more utilities (water, sewer, electricity, gas, garbage, etc.) such that the combined total use for dwelling and home occupation purposes exceeds a level normally expected in a residential neighborhood.

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**B. Exterior Appearance**

1. Storage of goods and materials associated with the home occupation must be completely within an enclosed structure.
2. Parking areas in the front yard shall be limited to the existing residential driveway only. Additional parking may be provided in the rear yard only, but shall not include more than one non-commercial vehicle used in connection with the home occupation parked or stored on the premises.
3. No display of goods, products, services, or other advertising (except permitted signage as set forth in Chapter 7) shall be visible from outside of the dwelling. Bracket signs permitted with an approved sign application maximum 4 square foot, maximum 4.5 foot in height, only one sign per public entrance.

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**C. Standards for Specific Types of Home Occupations**

1. Personal Services, including cosmetic services, salons, barber shops, and non-permanent makeup services, but not including nail salons, may be permitted provided they comply with all of the following:
  - a. Such uses shall meet all applicable state requirements;
  - b. Any exterior entrance/exit to an area of the principal building shall be on the side or rear (and not the front) of the building;
  - c. Only 1 barber/styling chair shall be permitted;
  - d. No more than 2 hair drying chairs shall be permitted;
  - e. Only incidental sales of hair products shall be allowed on the premises;
  - f. Must meet all accessibility features, including restroom facilities, etc., meeting the International Building Code in accordance with the Americans with Disabilities Act;
  - g. No more than 1 sign identifying, or in any way pertaining to, such uses shall be permitted, and such sign shall meet all requirements of Chapter 7 of this ordinance; and
  - h. All barber/styling chairs and hair drying chairs shall be located together in either the main dwelling or the accessory building, not split between both.
2. No group instruction service, including but not limited to dance, music, exercise, arts, and crafts, may be provided for a group larger than 8 persons.
3. Retail sales shall be limited to the resale of handmade items grown or produced on-site such as food items, crafts, antiques, jewelry, and clothing.

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**D. Uses Prohibited as Home Occupations: The following uses are prohibited as home occupations because the nature of their operation has the tendency to impair the use and value of properties in a residential district:**

1. Residential Care Facilities
2. Halfway Homes
3. Any Lodging Uses (Section 2.5.3.)
4. Kennels
5. Medical Clinic
6. Personal Services, Restricted
7. Veterinary Clinic
8. Any Commercial/Entertainment Uses (Section 2.5.3), except specifically those retail uses noted in Section 5.4.2.C.3 above.
9. Correctional Institution

- 10. Day Treatment Center
- 11. Hospital
- 12. Any Automotive Uses (Section 2.5.3)
- 13. Any Industrial/Wholesale/Storage Uses (Section 2.5.3)
- 14. Nail Salons
- 15. Barber Shops/Salons with more than one chair

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**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, THAT I AM THE RESIDENT OF THE IDENTIFIED PREMISES, AND I AGREE TO COMPLY WITH ALL PROVISIONS OF THIS FORM.**

**THE HOME OCCUPATION PERMIT BECOMES VOID UPON A VIOLATION OF ANY PROVISION CONTAINED HEREIN OR TERMINATION OF THE APPLICANT'S RESIDENCY. THE PERMISSION HEREBY GRANTED IS NOT TRANSFERABLE TO ANY OTHER RESIDENT, ADDRESS, OR OTHER OCCUPATION.**

_____	_____	_____
Property Owner Signature	Print Name	Date

_____	_____	_____
Applicant Signature	Print Name	Date

STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by  
 \_\_\_\_\_ (name of person acknowledged).

\_\_\_\_\_  
 Notary Public

Print Name: \_\_\_\_\_

My commission expires:  
 \_\_\_\_\_