



Department of Planning & Zoning
25 West Market Street, Leesburg VA 20176
(703) 771-2765 / Fax (703) 771-2724
www.Leesburgva.gov/Planning

HOME OCCUPATION PERMIT:

Last Revised March 2018

TLHO _____ - _____

Business Name: _____

Address: _____

If you are not the owner of the dwelling, written consent from the owner of the dwelling must be provided. The owner's consent shall: identify the address of the property, the home occupation use requested by the applicant, and the owner's approval to conduct the home occupation use.

Applicant's Name: _____ Owner's Name: _____

Applicant's Phone Number: _____ Owner's Address: _____

Applicant's Email: _____

Description of Home Occupation:

Location in the Home (room): _____ Square Footage: _____

I do hereby certify that I understand and accept the limitations placed on this Home Occupation Permit pursuant to Town of Leesburg Zoning Ordinance (TLZO) Section 9.4.3.E Use Limitations; limitations of commercial vehicle parking in residential zoning districts pursuant to TLZO Sec. 11.5.2 Trucks Parked in Residential Areas. I also understand that this permit does not take the place of other licenses that may be required by Law.

Violation of the conditions of approval may result in revocation of this Home Occupation Permit pursuant to TLZO Section 9.4.3.B Application, Review, and Enforcement Procedures.

Applicants Signature: _____ Date: _____

Subdivision: _____ PIN: _____ Zoning District: _____

Approval of this Home Occupation Permit is subject to Town of Leesburg Zoning Ordinance (TLZO) Section 9.4.3.E Use Limitations and/or as modified hereon, and any additional reasonable conditions pursuant to TLZO Section 9.4.3.B Application, Review, and Enforcement Procedures.

Additional conditions of approval: _____

Zoning Administrator/Designee

Date