



DEPARTMENT OF PLANNING & ZONING

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Home Occupation Worksheet

A. Business Owner's Information

Business Owner's Name: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

B. Business Information

Name of Business: _____ Sewer Account #: _____

Address of Home Occupation: _____

Describe the proposed home occupation or activity:

The home occupation will be conducted in: Principle Dwelling Accessory Building

of Employees: _____ Will anyone outside the household be employed? Yes No If yes, how many? _____

Will the home occupation generate additional sewer or water use? Yes No

Will there be noises, odors, or other nuisances that may disturb neighboring properties? Yes No

If yes, please explain:

Will there be an increase in neighborhood traffic due to the home occupation? Yes No

If yes, please explain:

Home Occupation: A business, profession, occupation, or trade employing no more than one (1) employee other than the residents of the home, located entirely within a residential building or an accessory structure, the use of which is accessory, incidental, and secondary to the use of the residential building for dwelling purposes, and does not change the essential residential character or appearance of the lot.

I hereby certify that the information provided in this worksheet is true and correct to the best of my knowledge.

Owner's Signature

Date