



**DPS**

Montgomery County  
Department of Permitting Services



2425 Reedie Drive, 7th Floor  
Wheaton, MD 20902  
240-777-0311  
montgomerycountymd.gov/dps

## Application for Home Occupation Certificate

### A. Permit Type

Use & Occupancy # \_\_\_\_\_

Home Occupation Certificate # \_\_\_\_\_

**TYPE OF PERMIT:**  HOME HEALTH PRACTITIONER

REGISTERED HOME OCCUPATION

### B. Location of Building Premises

House Number \_\_\_\_\_ Street \_\_\_\_\_

Town/City \_\_\_\_\_ Zip \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_

### C. Business Information

Contact ID # \_\_\_\_\_ Fax # \_\_\_\_\_

Business Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Business Operator's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

### D. Proposed Use

Use: \_\_\_\_\_  
\_\_\_\_\_

Total Sq. Footage of Dwelling: \_\_\_\_\_

Total Sq. Footage of Space for Business Use: \_\_\_\_\_

Total No. of Employees: \_\_\_\_\_

No. of Non-resident employees working on Site: \_\_\_\_\_  
(Excluding resident)

No. of Commercial Vehicles: \_\_\_\_\_

No. of Client Visits: Per Day: \_\_\_\_\_ Per Week: \_\_\_\_\_

How many existing registered Home Occupations and/or Health Practitioners at this address? \_\_\_\_\_ Registration No.: \_\_\_\_\_

Have there been previous Home Occupations or Health Practitioners at this address which have been abandoned or revoked:

Yes  No If yes, provide Registration No.: \_\_\_\_\_

Have there been any permits issued within the last 18 months for construction of an addition to the main dwelling?  Yes  No

Are you creating a new parking area for your home occupation?  Yes  No

### E. Questionnaire for Home Occupation and Health Practitioner

Do you reside or intend to reside in the residence at least 220 days per year?  Yes  No

Products being sold:  Yes  No If yes, please list: \_\_\_\_\_

How many automobile off-street parking spaces are provided: Residential: \_\_\_\_\_ Office: \_\_\_\_\_

Do you have any equipment or process that creates noise, vibration, glare, fumes, odors and electrical or electronic interference which is detectable at or beyond lot line:  Yes  No If yes, please explain: \_\_\_\_\_

Do you store or dispose of any petroleum products or material defined as hazardous:  Yes  No

If yes, please explain: \_\_\_\_\_

### F. To be Completed by Medical Practitioner Only

Were you in practice at this address prior to February 5, 1990?  Yes  No

Do you have a Use and Occupancy Certificate?  Yes  No Certificate No.: \_\_\_\_\_

**NOTE:** If no, an application for Use and Occupancy will be required when this application for registration is accepted for processing.

### G. Affidavit

**AFFIDAVIT:** I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the home occupation registration application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6 of Chapter 59, as amended, and to take whatever action is required by the Department to bring the home occupation or health practitioner's office into compliance if complaints of non-compliance are received and verified.

Original Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_

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