



Planning Department
Home Occupation Agreement

Mail to: P.O. Box 1749 Spartanburg, SC 29304
Office: (864) 596-2068
planning@cityofspartanburg.org

Zone: _____

1. Applicant: _____
Name (First, Middle, Last) Telephone Number

Physical Address Mailing Address

2. Business: _____
Name Telephone Number

Home Occupation uses that meet all of the following criteria may be permitted in a residence subject to obtaining a Certificate of Occupancy and a City Business License

- Shall not significantly increase the traffic, noise, electrical interference, glare, dust, smoke, or odor, which is normally found in its vicinity when such use is not in operation;
• Shall be conducted entirely within the principal building and shall be clearly incidental and secondary to the permitted principal use of the building;
• The floor area used for the home occupation shall not exceed twenty (20) percent of the total floor area of a dwelling unit and no one home occupation shall be operated in more than one dwelling unit;
• No exterior evidence of the presence of a home occupation or change in the exterior character of the building shall be permitted;
• There shall be no sales rooms or display window; nor shall any materials or supplies be stored in the open;
• For properties zoned other than R-15/Single Family District, only members of the immediate family residing in the same dwelling unit may be employed in the operation of a home occupation, and one additional nonresident employee. For the properties that are zoned R-15/Single Family District, only occupants of the immediate residence may be engaged in the home occupation. No additional employees are permitted;
• Off-street parking area shall be provided in accordance with Section 504;
• Office use, as a home occupation shall be limited to telephone, office space and mailing location, only. For properties zoned other than R-15, there can be no more than three (3) clients, patients, pupils, or customers on the premises at one time. For properties zoned R-15, there cannot be any clients, patients, pupils or customers visiting the premises.
• Other special requirements: _____

Upon signing, you indicate that you understand and agree to the above provisions.

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____