Sec. 10:11 - Home Occupation — All residential districts.

1. A home occupation shall be located within the single family detached dwelling or an approved accessory structure. Home occupations shall not be permitted to operate from an accessory apartment dwelling unit. (This standard shall not be eligible for a variance.)

2. Unless otherwise provided under a separate provision, a home occupation shall be limited to twenty-five (25) percent of the gross floor area of the principal structure or six hundred (600) square feet, whichever is less. (This standard shall not be eligible for a variance.)

3. Home occupations shall be operated by a resident of the dwelling; however, one (1) non-resident employee shall be permitted as part of the home occupation. The employee’s position shall be listed on the business license application, as well as the occupant certifying compliance.

4. The Home Occupation shall cause no change in the external appearance of the existing dwelling and structure on the property.

5. The home occupation shall not involve the retail sale of merchandise except for products related directly to services performed (i.e. beautician who sells hair products, sales of home baked goods and candies as covered under Section 44-1-143, known as the South Carolina Cottage Food Law, ). Sales of goods where all transactions occur exclusively “on-line” shall be exempt from this standard. (This standard shall not be eligible for a variance.)

6. The property shall not contain any outdoor displays or storage of goods, equipment or services that are associated with the home occupation. (This standard shall not be eligible for a variance.)

7. The home occupation shall not be a nuisance or cause any undue disturbance in the neighborhood (e.g. excessive deliveries UPS, Fed Ex). No equipment or process shall be used in connection with the home occupation that creates noise, vibrations, glare, fumes, odors, or electrical interference off-premises. (This standard shall not be eligible for a variance.)

8. A home occupation shall be allowed one (1) nonilluminated attached sign not to exceed two (2) square feet in sign face area. The sign shall be mounted flat against the wall of the principal building in which the occupation is conducted.

9. Only two (2) vehicles shall be permitted and used in connection with the home occupation; vehicles shall be parked or stored on premises. In addition, vehicles that display advertising associated with the home occupation shall be parked in an enclosed garage or screened so it is not visible to adjacent and/or neighboring properties outside of normal business hours.

10. Off street parking shall be provided in accordance with the provisions set forth in Section 6:1, Parking Standards of this Article.

11. The number of patrons and vehicles of the home occupation shall be limited to three (3) at any one (1) time.

12. The following occupations and/or businesses and/or similar and like uses (as determined by the Zoning Administrator) shall not be permitted as a Home Occupation. (This standard shall not be eligible for a variance.)

   Automotive Service and/or Repair.
   Body repair shops.
   Landscaping Business (other than office use).
   Commercial Greenhouse.
   Contractor’s Business (other than office use).
   Furniture Repair and Cabinet Shop.
   Physician’s and/or Chiropractor’s Clinic.
HOME OCCUPATION
BUSINESS LICENSE APPLICATION
APPLICATION

Application Submittal Date: __________________________ Business Start Date: __________________________

BUSINESS INFORMATION

Corporate Business Name: __________________________ DBA (Name as shown to public): __________________________

Mailing Address: Suite #: __________________________ City: __________________________ State: __________________________ Zip: __________________________

Home Address: (If different from above): Suite #: __________________________ City: __________________________ State: __________________________ Zip: __________________________

Type of home: □ Single-family detached □ Single-family attached (Townhome/Condo) □ Apartment

Business Phone #: __________________________ Business Email: __________________________

Organization Type (check one): □ Corporation □ LLC □ LLP □ Sole Proprietor □ Partnership FEIN or S.S. Number: __________________________

Business Owner: __________________________ Owner Email: __________________________ Owner Phone: __________________________

Business License Contact (If different then owner): __________________________ Title with the Company: __________________________ Email: __________________________ Phone: __________________________

Detailed Business Description of all business activity that will be performed at the home:

Does the Home Occupation involve retail sales? □ No □ Yes If no, skip to next question
Will the sales be online or from the home? □ Online only □ Home only □ Both
Items/goods to be sold __________________________________________

Will items for sale be stored at the home? □ No □ Yes

Will there be any outdoor storage of goods, equipment or displays? □ No □ Yes If yes, list type and storage location __________________________________________ (ex: garage, storage building, outdoors)

Total Square Footage of the home __________________________

Proposed Square Footage for the Home Occupation __________________________

Will there be any non-resident employees? □ No □ Yes If yes, employee’s position __________________________

How many vehicles will be used in connection with the Home Occupation? □ No □ Yes

Will a sign be requested for the Home Occupation? □ No □ Yes

Estimated Total Gross Income (From open date to December 31): $ __________________________

I certify that the information provided in this application and the amount provided as gross income from the business is true and correct, and that I have made no deductions except income on which I have paid a business license fee to another municipality or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due to the City of Mauldin have been paid, and that the above business name is the same on the documents filed with the state and federal governments. I understand that my business income tax returns and other documents will be inspected to verify gross income or other business data.

Applicant: __________________________ Signature: __________________________ Title: __________________________ Date: __________________________

Office Use Only:

Application Submittal Date: __________________________ Business License Fee: $ __________ Facilitator Initials: __________________________

Issued Date: __________________________ Business License #: __________________________