



**City of Balcones Heights**  
**3300 Hillcrest Drive**  
**Balcones Heights, TX 78201**



## **Home Occupation Application**

Complete name, address, email, and phone number of applicant: \_\_\_\_\_

\_\_\_\_\_

Do you own or rent the property at the above address? If renting, the owner of the property will have to submit in writing that he/she approves of the home occupation. \_\_\_\_\_

\_\_\_\_\_

Complete description of home occupation to be performed: \_\_\_\_\_

\_\_\_\_\_

Name and relationship of person(s) to be employed in the home occupation:

\_\_\_\_\_

\_\_\_\_\_

Are there any state or federal license, permits, etc. required to perform this home occupation? If so, specify.

\_\_\_\_\_

\_\_\_\_\_

Will the home occupation be performed within the residence, in an accessory building, or a garage?

Specify: \_\_\_\_\_

\_\_\_\_\_

From the facility being used, what is the shortest distance from the facility to the nearest property line (neighbor)? \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, do any property owners on either side of your property oppose your home occupation? Have you discussed your proposed home occupation with these property owners?

\_\_\_\_\_

\_\_\_\_\_

Please provide the number of days per week you will operate your home occupation, list the specific days, and the normal operating hours each day: \_\_\_\_\_

Please use the space for any additional information that will support your application. Use additional pages if necessary. \_\_\_\_\_

In accordance with City of Balcones Heights Zoning Ordinance section 153.5.2.2, I request that I be authorized to operate a home occupation business. I understand that:

- This application must be reviewed and approved by the Community Development Department.
- If this application is approved, I understand I will be required to pay the annual permit fee noted in the current fee schedule; permits expire December 31 of each year. Renewal payment will be due in January of each year as long as the application is operating the home occupation. Permits are delinquent February 1 and will result in permit revocation.
- If the home occupation ceases, I must notify the City Secretary. Any new home occupation will require submittal of a new application for review and approval.

I understand and agree that approval of a Home Occupation application means:

- (a) The business is customarily carried on in a home by the resident or an accessory structure not larger than 625 sq. ft.
- (b) Provides opportunities for residents to earn income and operate businesses from their home;
- (c) Allows businesses that **do not adversely impact** the residential character of neighborhoods;
- (d) Ensure that the ongoing operations of home occupation **are not** visible or detrimental to adjacent residents and property owners.

**Applicant's signature:** I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that my misrepresentations of submitted data may invalidate any approval of this application. If the home occupation is not operated in compliance with these regulations, the permit may be revoked by the City of Balcones Heights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_