

October 19, 2021

Virginia Donovan Virginia Donovan Art 2473 Five Shillings Road Frederick, MD 21701

Re: ZBA21-1218 DET: No Impact Home Occupation Determination 2473 Five Shillings Road

Dear Ms. Donovan:

I am in receipt of your application for a Home Occupation Determination for the property located at 2473 Five Shillings Road. Based on the application and documentation provided, you are requesting approval of a home occupation at this location to establish a business for art studio.

The subject property is currently zoned R4, Medium Density Residential. Per Section 829(c) of the Land Management Code (LMC), home occupations are permitted in the R4 zone as a No Impact Home Occupation, conditioned upon the following:

- 1) No customer visits are allowed in connection with the home occupation including customers or clients;
- 2) No employees or persons who reside outside of the home may be engaged on site in the home occupation;
- 3) No deliveries or storage related to the home occupation are permitted; and
- 4) Not more than 20% or 300 s.f. of the home, whichever is less, may be used in service of the home occupation.

Based on your application, the home is approximately 1,878 s.f. and only 100 s.f. are to be designated for use by the business. Please be advised that no signage is permitted on site as a home occupation and, as such, shall be added as condition of approval for the zoning certificate when issued.

You have indicated that there will be no employees associated with the business and no deliveries to the site. We have noted that there is minimal storage such as a gun safe that is included in the square footage of the home occupation limits; therefore the criteria for no impact occupation has been met.

Next step is to apply for a zoning certificate with the building department for the home occupation. Please see the link for the zoning application for the home occupation to be completed and submitted to the Building/Permits Department:

https://www.cityoffrederickmd.gov/DocumentCenter/View/904/Commercial-Zoning-Permit-Application?bidId=

All applications are submitted digitally to the City for review. Please contact Mary Beall at mbeall@cityoffrederickmd.gov for further instructions.

If you have any additional questions, please feel free to contact me at 301-600-1655 or jadkins@cityoffrederickmd.gov.

Sincerely,

Joe Adkins

Joe Adkins, AICP Deputy Director for Planning



For Official Use Only		
Case Number:		
Hearing Date:		
Ad Date:		
Application Fee:	\$0.00	
Date Paid:		

## HOME OCCUPATION DETERMINATION

## **General Information**

The operation of a full-time or part-time home-based business is considered a *Home Occupation* and is regulated under Section 829 of the Land Management Code (LMC). Home occupations should be consistent with the surrounding residential community and should not impact the quality of life in these areas. In order to ensure minimal impacts, the LMC establishes several general restrictions on home occupations including:

- Visits to the home by clients or customers of the business are not permitted.
- Signage advertising the business is not permitted.
- These regulations do not apply to telecommuting.

## **Application Process**

Contact Name:

APPLICANT IS NOT THE OWNER)

Structure Type (single family, townhouse, etc):

There are two types of Home Occupations: No Impact Home Occupations and Conditional Use Home Occupations. In order to determine which type of Home Occupation your proposal qualifies as, please complete the following application with as much detail as possible.

The completed application form, supporting plans and other documentation in PDF form ONLY, must be sent to <u>zbadigital@cityoffrederickmd.gov</u>. Any files that are larger may be sent via a shared link. You will need to remove your email signature image before submitting. If you have any questions, please contact Carreanne Eyler @ <u>ceyler@cityoffrederickmd.gov</u>.

**APPLICANT INFORMATION** (OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION IF

Firm/Company:		
Address:		
Phone:	email:	
OWNER INFORMATION		
Name:		_
Firm/Company:		
Address:		
Phone:	email:	
PROPERTY INFORMATION		
Property Address:		
Zoning:		

PROJECT INFORMATION	
Business name:	

Description of the business:
Total square footage of the home and the amount of square footage which will be dedicated to use for the business:
Employees occupied at the residence and their address(es):
Are deliveries of any type necessary for the operation of the business? If so, please provide information on the types of delivery vehicles that will be needed and the frequency of the deliveries.
Will the business require the storage of materials at the residence that are used, sold, distributed, etc? If so, please provide further information on the location of the storage area and the amount of materials stored.
I hereby attest that the information provided on and attached to this application is complete and correct.
Signature of Applicant/Agent Date
Internal Use Only
□ No Impact Home Occupation □ Conditional Use Home Occupation
Staff Signature Date