

HOME OCCUPATION APPLICATION

SITE ADDRESS: 3351 Baileys Xrds Rd **PIN:** 1610-75-2567
LANDOWNER: ~~Debra~~ Bianca Spriggs **Mailing Address:** 3351 Baileys Xrds Rd
City: Benson **State:** NC **Zip:** 27524 **Phone:** 240-691-7025 **Email:** bianca60@gmail.com

**Please fill out applicant information if different than landowner.*

APPLICANT: Bianca Spriggs **Phone:** 240-691-7025 **Email:** bianca
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

CUSTOMARY HOME OCCUPATION REGULATIONS

- A. No more than one (1) assistant may be employed by home occupations.
- B. No mechanical equipment shall be installed or used except such that is used for domestic or professional purposes.
- C. Not over 50 percent (50%) of the total floor space of any structure is used for home occupations. In no case shall any accessory structure be used in conjunction with a Customary Home Occupation.
- D. Any modifications necessitated due to a customary home occupation shall meet the requirements of the North Carolina State Building Code. Twenty percent (20%) of all monies spent on improvements shall be dedicated toward ANSI compliance. Any manufactured home utilized for a customary home occupation shall include modifications, designed by a structural engineer licensed in the State.

HOME OCCUPATION INFORMATION

of Rooms: 3 **# of Employees:** 1 **Hours of Operation:** 8:00 - 1:00 pm

Proposed Use: Home Family Care Facility

3 = Birth - ~~Kindergarten~~ 24 months
3 = ~~school ages~~ 2 - 5 year olds
3 = school ages

I have read this application and certify that the information provided herein is true, complete, and correct. I understand that this permit is subject to revocation if information is falsified.


Signature of Applicant

9/18/25
Date