

Home-based Business Compliance Questionnaire



Name of Applicant(s)																																	
Home Business Address:	City:	State:	Zip:																														
Telephone No:	Fax No:	Email:																															
Business Name:																																	
<p>What type of home-based business would you consider your use to be? Check below the use that best describes your home-based business.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Accountant</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Insurance Agent</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Small-scale Child Care</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Architect</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Lawyer</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Barbershop</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Artist</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Manufacturer's Representative</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Beauty shop</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Author</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Office for Mobile Service Provider</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Gift shop</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Catering</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Planner</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Gun sales</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Contractor</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Engineer</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Florist shop</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Counseling or</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Sculptor</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Data Entry</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consulting Services (including such uses as Designer, Draftsman, Graphic Artist, Information Technology Consultant, Management or Financial Consultant, Real Estate Agent, or similar profession)</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Songwriter</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Office for Direct Sales (customer contact is via phone/internet or off-site consultation)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"></td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Traveling Salesperson</td> <td style="vertical-align: top; padding: 2px;"></td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"></td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Teacher (in such areas as tutoring in art, dance, and music or other like disciplines)</td> <td style="vertical-align: top; padding: 2px;"></td> </tr> </table> <p>If your use is not listed above, please describe your home-based business:</p>				<input type="checkbox"/> Accountant	<input type="checkbox"/> Insurance Agent	<input type="checkbox"/> Small-scale Child Care	<input type="checkbox"/> Architect	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Barbershop	<input type="checkbox"/> Artist	<input type="checkbox"/> Manufacturer's Representative	<input type="checkbox"/> Beauty shop	<input type="checkbox"/> Author	<input type="checkbox"/> Office for Mobile Service Provider	<input type="checkbox"/> Gift shop	<input type="checkbox"/> Catering	<input type="checkbox"/> Planner	<input type="checkbox"/> Gun sales	<input type="checkbox"/> Contractor	<input type="checkbox"/> Engineer	<input type="checkbox"/> Florist shop	<input type="checkbox"/> Counseling or	<input type="checkbox"/> Sculptor	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Consulting Services (including such uses as Designer, Draftsman, Graphic Artist, Information Technology Consultant, Management or Financial Consultant, Real Estate Agent, or similar profession)	<input type="checkbox"/> Songwriter	<input type="checkbox"/> Office for Direct Sales (customer contact is via phone/internet or off-site consultation)		<input type="checkbox"/> Traveling Salesperson			<input type="checkbox"/> Teacher (in such areas as tutoring in art, dance, and music or other like disciplines)	
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<p>Your Relationship to this Residential Address:</p> <p>Yes No Do you actually live at the home?</p> <p>Yes No Do you rent the home from someone? If yes, then what's the name of Title Holder (owner):</p>																																	
<p>Interior Use of the Residential Structure</p> <p>Is more than 25% of the total floor area of the home (principal structure) used for the home-based business?</p> <p>Yes No For example, if you have a 2,000 square foot house, is more than 500 square feet of your home devoted to your business?</p> <p>Yes No At this location do you provide storage for another agricultural or nonresidential business occurring elsewhere at another address?</p>																																	
<p>Traffic Generation</p> <p>Customers (coming to the home for business)</p> <p>Yes No Does your business have customers coming to your home? If yes, then how many people per: Day _____ Week _____</p> <p>Yes No Does your business provide personal services with more than one (1) customer or client at a time?</p> <p>Yes No Do you schedule appointments?</p> <p>Yes No Do you sell merchandise directly to the customer at the physical business address?</p> <p>Yes No Do you sell merchandise via the telephone or internet?</p> <p>Yes No Do you provide instruction or counseling services?</p> <p style="text-align: right;">If so, do you provide services to more than two pupils or clients at a time? Yes No</p> <p style="text-align: right;">If so, do you provide family counseling sessions? Yes No</p>																																	
<p>Deliveries</p> <p>Yes No Does your business require deliveries (above and beyond typical household parcel delivery)? If yes, then how many per week?</p>																																	

Employees

Yes No Will/do you employ a person who does not reside on the premises? If yes, then how many? _____
 If you have employees:
 do they come to the premises for any reason? Yes No
 do they work with you at the premises? Yes No

Daily Business Round Trips

Yes No Does your home-based business require that you perform a "round trip" during the day? If yes, then how many?
 1 or 2 "round trips" a day
 3 to 5 "round trips" a day
 6 or more "round trips" a day

Vehicles and Trailers Needed for your Home-Based Business**Parking or storage of business vehicle(s)**

Yes No Does your home business use vehicles (other than your personal vehicle)? If yes, then I/we use ____ total vehicles and they are parked (check all that apply):
 in the driveway
 on the street
 on-site in a garage
 parked in off-site storage

Parking of vehicle with Exterior Ladders and Pipe Racks

Yes No Does your home business use vehicles with exterior ladders/pipe racks? If yes, where are they parked?
 in a garage (on the property)
 in storage (off the property)
 stored outside on-site, but fully screened from public right-of-way

Trailers

Yes No Does your home business use trailers? If yes, then:
 in a garage (on the property)
 in storage (off the property)
 stored outside on-site, but fully screened from public right-of-way

Visible Evidence of the Home-Based Business**General Evidence of Business Activity**

Yes No Because of the home-based business, have/will you change the external appearance of the existing dwelling or other structures on the premises?

Yes No Do/will you store material, equipment, or other articles associated with the home occupation outdoors (not in a building)? If yes, are they visible from a public street? Yes No

Yes No Will an accessory structure or the exterior yard be used for the home-based business in any way (garage, storage building, pool, carport, patio, etc)? If yes, describe how it will be used below:

Yes No Does your home-based business create noise, vibration, odor, glare, fumes, electrical, or communications interference that can be detected by the normal senses off the premises, including visual or audible interference with radio or television reception?

Signage

Yes No Do you use signs or other means of advertising on the property (where the home-based business is located)?

Yes No Does your advertising (paper, flyers, website) for your home-based business call attention to the home's address? (Check all that may appear in your advertising)

- PO Box for mailings
- Home Address
- Phone number
- Pictures of home
- Map of the neighborhood showing the location of the home-based business

Yes No Do you use signs or other means of advertising on your vehicles?

Solid Waste (e.g. garbage) Quantity

Yes No Not including the single residential garbage can issued to your home, do you use/need extra solid waste containers? If yes, how many residential waste containers (32-gallon) per week?

- one container
- two containers
- three or more containers

Repairing and Manufacturing

Yes No Do you do repair, fabricate, or manufacture items with your home-based business? If yes, in the space below list what you repair/fabricate/manufacture:

If yes, based on the following, select one of the following to best characterize your business:

- Business Not Detectible:** Minor assembly, fabrication, and repairs that are in no way detectable off the lot. Examples include gift basket assembly; tailoring; watches, clocks, or jewelry repair; or, other home businesses that are at a scale similar to arts and crafts activities.
- Business Detectible in Some Way:** Assembly, fabrication, and limited repair, or manufacturing activities that may, on a limited basis, be detectible off the lot (the business creates noise, vibration, glare, fumes, odors, and the like). Examples include furniture refinishing or repair, upholstery, appliance repair, commercial catering or bakeries, or small engine repair.

Type of Residence and Lot Size:

Yes No Is your dwelling a single family detached dwelling (one house on the lot surrounded by yard on all sides)? If no, then select one of the following:

- Apartment, Townhouse, Condo, Duplex;
- Mobile Home; or
- Accessory Dwelling (garage apartment, etc.).

Yes No Is your lot/parcel less than two acres (87,120 square feet) in size? If you know the size of the lot, please identify it here:

Type of Home-Based Business (mark only one):

- I have truthfully signed the attached Statement of Understanding and Compliance (Page 4 or 4) for a "Type 1" Home Occupation/Home-based Business and can operate my business model accordingly to remain fully compliant with local zoning regulations applicable to a residential neighborhood.
- I **cannot** truthfully sign the attached Statement of Understanding and Compliance (Page 4 or 4) for a "Type 1" Home Occupation/Home-Based Business, as there are one or more aspects of my business model that I cannot comply with local zoning regulations applicable to home-based businesses (e.g. retail sales from the home, numerous deliveries to the home, non-resident employees working from the home, etc). Because of this, I intend to apply to the Planning Commission and Board of Mayor and Aldermen for a Conditional Use Permit to allow a Type 2 Home Occupation (review fee, 45 day public process, etc.). I will contact Development Department Staff at (901) 457-2360 to initiate this process.

For Development Department Use Only:

- Conducting such a home-based business in a residential neighborhood as described in the Compliance Questionnaire would be in violation of the zoning ordinance and would result in enforcement action by the Codes Division should the home-based business operate as described. This may not mean that the business cannot be operated in Collierville, and the potential operator of the business has several options other than not commencing with the business at the residential address as described. The business operator has three options:
 - modify the business model to meet the zoning ordinance for a Type 1 Home Occupation/Home-Based Business (see the attached Statement of Understanding and Compliance);
 - find a commercially-zoned property from which to conduct the business; or
 - apply to the Board of Mayor and Aldermen (BMA) for a Type 2 Home Occupation/ Home-Based Business to undertake additional business activities (\$300 review fee, 45 day public process, etc.). Contact the Planning Division to schedule a Preapplication Conference (required) at 901-457-2360 to get the process started.
- If conducted as described in the Compliance Questionnaire, the business model will meet the requirements of the zoning ordinance for a Type 1 home-based business.
 - With no additional conditions/modifications needed to the business model
 - With the following conditions/modifications to insure full compliance with the zoning ordinance:

Project Planner:

Date:

Peer Review:

Date:

Type 1 Home Occupation/Home-Based Business Statement of Understanding and Compliance - Town of Collierville, TN

Per the Town of Collierville Zoning Ordinance, I/we understand that some areas of Town zoned for residential dwellings also permit "home occupations/home-based businesses" as accessory uses on the residential property, but only as long as my business meets certain zoning criteria. I have read and understand what Title XV, Section 151.025(D)(8) of the Town of Collierville Code of Ordinances says about "home occupations," paraphrased below, and agree to conduct my home occupation as follows:

Use of Dwelling Unit and Accessory Structure(s)

1. The property will still be used mainly for my residence. The portion of my home used in the conduct of the home-based business shall not be more than 25% of the floor area of the dwelling unit.
2. My home-based business (office or shop space) will not actually be conducted from within an accessory structure (like a storage building or detached garage), but I acknowledge that I may store equipment or materials in such accessory structures.

Traffic Generation

3. No more than two (2) customers or clients will actually come to the residence a week and any such visit will be by appointment only.
4. Deliveries associated with the home business will be limited to a maximum of two (2) per week (above and beyond my normal household parcel delivery).
5. The employees for the home business will only be residents of the home and no outside employees will perform work from the residential address.
6. I will keep my business trips limited to a maximum of only one (1) "round trip" per day (above and beyond my typical household daily trips).

Solid Waste Generation

7. The maximum amount of solid waste that my home business will generate will be one (1) 32-gallon residential waste container per week.
8. Hazardous waste will neither be generated nor disposed of at my home. My home-based business shall not adversely affect public safety through the storage or generation of explosive, flammable or hazardous materials in quantities which could constitute a neighborhood danger based on the determination of the Town Fire Marshal.

Detectable Evidence of the Conduct of such Home Occupation

9. I agree to not sell merchandise directly to customers at the physical home/business address.
10. I agree to limit my home-based business to activities that are in no way detectable off the lot (examples include office space, gift baskets fabrication; tailoring; watch, clock, or jewelry repair; or, other assembly/fabrication/repair of items that are at a scale similar to arts and crafts activities). I understand that assembly, fabrication, and repair activities related to furniture, upholstery, appliances, commercial catering or bakeries, and small engines are not appropriate for a Type 1 home-based business.
11. I will not have any exterior storage as part of my home-based business.
12. There shall be no change in the outside appearance of my dwelling (with signs or additions) or premises related to my home-based business.
13. No equipment or process will be used in my home-based business which creates noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses off the lot.
14. My home-based business will not use equipment which creates off-premises line voltage fluctuations or visual or audible interference with off-premises radio or television receivers.

Additional conditions:

15. I will maintain a valid business license and all applicable Town of Collierville taxes current, knowing that failure to do so will make my Home Occupation/Home-Based-Business null and void and I must file new paperwork with the Town.
16. I understand that if my business ceases to operate for a period of 6 continuous months the ability to conduct it at my home shall be null and void and I must file new paperwork with the Town.
17. I understand that my Home Occupation/Home-Based-Business use is specific to only the residential address specified on this form and is not transferable to another residential address.
18. I understand that staff has the right to inspect my property to determine compliance with the applicable performance standard limitations.

FOR THE PROPERTY LOCATED AT: _____, I/WE CERTIFY AND SWEAR THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND THAT I/WE HAVE READ THE ABOVE STATEMENTS BASED ON THE TITLE XV, SECTION 151.025(D)(8) OF THE TOWN OF COLLIERVILLE CODE OF ORDINANCES, FULLY UNDERSTAND THEM, AND AGREE TO COMPLY WITH THEM. BY SIGNING BELOW I/WE UNDERSTAND AND AGREE TO THESE TERMS AND UNDERSTAND THAT VIOLATION COULD RESULT IN A FAILURE TO RENEW MY COLLIERVILLE BUSINESS TAX LICENSE AND A CITATION TO APPEAR IN THE TOWN OF COLLIERVILLE MUNICIPAL COURT TO CEASE THE HOME OCCUPATION, PLUS OTHER PENALTIES AVAILABLE PER STATE LAW.

Signature of
Applicant:

Print or
type name:

Date:

Signature of
Applicant:

Print or
type name:

Date: