



# RESIDENTIAL ZONING CERTIFICATE COMPLIANCE FOR HOME BASED BUSINESS/OCCUPATION

**STEP 1 - Applicant/Property Information:** Please provide all below information.

<b>APPLICANT</b>	
NAME:	DATE:
MAILING ADDRESS:	
CITY/STATE/ZIP:	
EMAIL:	
PHONE:	
<b>PROPERTY</b>	
PARCEL PIN :	Find online at <a href="https://stclair.maps.arcgis.com/home">https://stclair.maps.arcgis.com/home</a>
PROPERTY ADDRESS:	
PROPERTY OWNER:	
(Note: If you rent or lease your residence, a letter of property owner permission must accompany this application.)	

**STEP 2 - Business Information:**

BUSINESS NAME:
NATURE OF BUSINESS: <small>(Provide <b>detailed</b> information)</small>

**STEP 3 - Signature and Submittal:**

- A. Customary home occupations shall be limited to **office, artistic and craft pursuits, fix-it services, and similar limited activities** but shall exclude barber shops, beauty shops, medical offices and clinics, fortune tellers, automobile repair or body shops, automobile sales, retail, storage of contractors' supplies, and similar activities. Must be located entirely within the living area of a dwelling as an incidental activity of the resident.
- B. The use shall be conducted entirely within the dwelling and be confined to not more than twenty-five percent (25%) of the livable floor area.
- C. Employment shall be limited to the resident(s) of the dwelling.
- D. No visible signage on or around property.
- E. No advertisement using location of your home address.
- F. No excessive noise, traffic, parking, or deliveries allowed.
- G. There should be no change of character to the neighborhood or out of the ordinary issues occurring on your property. The activity should be minimal and should not negatively affect your neighbors.
- H. Failure to comply with any regulation may result in penalties and a revoked business license. Subdivision covenants not applicable.

**I hereby certify that** all information contained herein is true and correct and that I am the owner of the property or authorized by the owner for the herein described activity and that I will comply with all regulations listed above and as required by city, state and federal law. The parties herein agree that this document may be executed with electronic signature and shall be valid and binding.

Applicant Signature:

<p><b>Please submit completed application by email to <a href="mailto:info@riverside-al.com">info@riverside-al.com</a></b>          - \$10 fee must be paid before processing of the application can begin. Fees will be invoiced online to the email address listed above.          - Certificates are generated per the current City of Riverside Municipal Code &amp; Zoning Ordinance.          - An issued certificate does not constitute a valid business license.</p>
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**STEP 4 - Issuance:** Once processed, the response will be issued to the applicant at the email address listed above.

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OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY • OFFICE ONLY	PPIN Check: N Y Zoning District: _____
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