



IN-HOME BUSINESS APPLICATION

Date Submitted for Approval: _____

Applicant's Name: _____		Homeowner	Renter
Property Address (House Number and Street): _____			
Lot Number: _____	Email: _____		
Home Phone: _____	Work Phone: _____		

Description of Business

Business Name (if applicable): _____
 Number of Employees: _____
 Business Operating Hours: (Days and hours): _____

Type of Business (if Childcare business, include number of children you are licensed for, and number of children currently in your care):

Describe the impact on parking (for both employees, customers, deliveries, special events held during the year that would affect neighbors, etc).

Describe any noise impact (if applicable):

Do you have the required and current license(s) required by the County of Loudoun to operate an in-home business? (Attach a copy of the license(s) to this form). **Yes** **No**

Signatures of Neighboring Homeowners Required

Homeowner 1		Homeowner 2	
Name:	_____	Name:	_____
Signature:	_____	Signature:	_____
Address:	_____	Address:	_____
Lot Number:	_____	Lot Number:	_____
Homeowner 3		Homeowner 4	
Name:	_____	Name:	_____
Signature:	_____	Signature:	_____
Address:	_____	Address:	_____
Lot Number:	_____	Lot Number:	_____

Signatures are required of the four (4) property owners who are most affected by this application because they are adjacent to or have a view of your property. The signature indicates awareness of this application and does not constitute nor indicate approval or disapproval. Concerned Homeowners should contact the Association Office with any complaints or comments regarding this application.

In-Home Business

Applicant's Name:	
Property Address:	

Notes:

1. There shall be no change in the outside appearance of the building or lot, or other visible evidence of the conduct of such home occupation.
2. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood. Any need for parking generated by the conduct of such home occupation shall be met by off-street parking and other than in a required front yard.
3. No equipment or process used in such home occupation shall create noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses off the lot. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.
4. Nothing herein contained shall violate any of the provisions or Building and Zoning Codes of Loudoun County, to which the above property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restriction.
5. The Applicant understands that an ARB decision (approved/modify/disapproved) is required on all "complete" applications within Forty-Five (45) days of receipt of said application by the ARB. It is further understood that said applications are "conforming" to the established Guidelines and Covenants.
6. The Applicant is aware of Ashburn Farm's Declaration of Covenants and Restrictions in regard to the review process established by the Board of Trustees (BOT).

Applicant's Signature

Date

This section is for ARB use only:

ARB Remarks	ARB Action
	<input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved w/contingencies <i>(Explain in ARB remarks)</i> <input type="checkbox"/> Disapproved <i>(Explain in ARB remarks)</i>
	ARB Member Signature: _____ Date: _____

If the applicant disagrees with the decision of the ARB, an appeal may be submitted. See the Architectural Guidelines (also posted to the Ashburn Farm Association Website www.ashburnfarmassociation.org) for the appeal procedures.

Rev. 11/30/06