

\$75.00 Filing Fee (Non-refundable)

7 days required for review

# APPLICATION FOR QUALIFIED HOME OCCUPATION



Saraland Building Department  
933 Saraland Blvd S, Saraland, AL 36571  
(251)-679-5502 / mlambert@saraland.org  
mblack@saraland.org  
pford@saraland.org

**APPLICANT NAME:** \_\_\_\_\_ **BUSINESS NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NAME AND ADDRESS OF PROPERTY OWNER IF OTHER THAN APPLICANT:**

(If you are not the property owner, a letter of approval from property owner is required.)

**NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

Street

**CITY/STATE/ZIP:** \_\_\_\_\_

**LETTER OF PERMISSION FROM PROPERTY OWNER PROVIDED (if required)?:**    N/A    YES    NO

**DESCRIBED TYPE OF BUSINESS TO BE CONDUCTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING THIS APPLICATION, THE APPLICANT swears or affirms that the representations made on this application or testimony subsequently given to the Saraland Board of Adjustment are true and correct to the best of their knowledge and that they agree to abide by the conditions stipulated in the approval granted by the Board if it is so given under penalty of the invalidation of any judgment by the Board in their favor and/or the invalidation by the City of Saraland Board of Adjustment or any Privilege License received as a result of that favorable judgment.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**Office Use Only:**

\_\_\_\_\_  
**Date of Receipt**  
**Case Number**

\_\_\_\_\_  
**Zoning District**



**AFFIDAVIT FOR OPERATION OF  
QUALIFIED HOME OCCUPATION**  
City of Saraland, Alabama  
**CONDITIONS OF COMPLIANCE**

By my signature below, I certify that I will operate my Qualified Home Occupation at my home address, which is

Located at \_\_\_\_\_ in accordance with the

foregoing conditions. I understand that violation of any of the conditions will subject my Privilege License to being revoked.

- 1) The privilege license is valid only for this home occupation, this operator at this location;
- 2) This home occupation approval is void if the license is allowed to lapse;
- 3) Any work conducted in the home (i.e. bookkeeping, etc.) is confined entirely to the principal building, accessory building, or outside storage building;
- 4) No more than twenty (20) percent of gross floor area is used for the business;
- 5) No more than two residents of the home will engage in business activity at the home;
- 6) No employees or employee vehicles are allowed at the home;
- 7) There are no customers at the home;
- 8) Any business-related equipment or materials are kept inside the home, accessory building or outside storage building;
- 9) All commercial vehicles associated with the home occupation shall be parked on private property, outside of the City right-of-way;
- 10) If business-related materials or equipment are delivered to the home, there will be no more than two (2) deliveries per week and the delivery vehicle shall have no more than a single axle with six (6) wheels;
- 11) The business owner is responsible for observing any private covenants which may impact the home occupation;
- 12) Any other restriction as may be considered appropriate by the administrative official or the board of adjustment; and
- 13) Violation of any of the aforementioned conditions and section 31-1 of the City of Saraland Land Use and Development Ordinance 757, could result in revocation of the approval.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**\*\*THIS AREA TO BE COMPLETED BY PLANNING & DEVELOPMENT STAFF\*\***

Alabama Driver's License I.D. Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Subscribed and Sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Planning & Development Department Official