

**Montclair Property Owners Association**  
**Home Business or Occupation Application**



\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address Lot No.

\_\_\_\_\_  
Daytime Phone Check one:  Home  Cell  Work Email Address

**Home Business or Occupation Information**

Purpose and description of home business or occupation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Requested Start Date

\_\_\_\_\_  
Type of Dwelling (Single family, townhouse, etc.) Hours of Operation

Number of Employees  
In-Home Residents: \_\_\_\_\_ Outside of Household: \_\_\_\_\_

What is the maximum number of clients at any one time? \_\_\_\_\_

Are business related materials to be stored on the property?  Yes  No  
If yes, please describe the nature of the materials, quantity, and storage location.  
\_\_\_\_\_  
\_\_\_\_\_

Will a truck or other vehicle be used?  Yes  No

Describe the parking requirements necessary to conduct the home business or occupation and how they will be met.  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature and frequency of deliveries required for the home business or occupation.

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Is there a requirement for a special use permit?     Yes     No

Will the business phone number be listed in a telephone or other commercial directory?     Yes     No

In accordance with the MPOA Declaration, Covenants and Restrictions, referred to in the deed covering the property described herein, I/we hereby apply for approval of MPOA to conduct a home business or home occupation in or on part of a Lot or in an improvement upon the Property as described herein.

Nothing herein shall be construed as a waiver or modification of any of the restrictive covenants nor any of the provisions of State or Prince William County ordinances or regulations. A separate application must be made for each home business or occupation. I understand and agree that the home business or occupation will not be conducted until specific written approval of the MPOA is given. Approval is not transferable. I have read and agree to abide by the Home Business Policy guidelines, and I further understand that deviation from the guidelines or falsification of information submitted by me on the request form may result in revocation of permission to operate a business in Montclair.

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Signature

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Date

### Acknowledgement

This acknowledgement indicates an awareness of the intent and does not constitute nor indicate approval or disapproval. Contact the MPOA office within seven (7) days if you wish to comment on this application.

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Name

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Address

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Name

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Address

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Name

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Address

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Name

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Address

#### For Office Use Only

Check One:     Approved     Denied

Reason for Denial

Date

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Signature, Business Review Board Chairperson