



Carroll County Department of Community Development

423 College Street; P.O. Box 338, Carrollton, GA 30117 ☎ 770.830.5861

APPLICATION FOR A NEW HOME OCCUPATION

Step 1: Take the **Parcel Information Sheet** to the Map Room (#414 in the Administration Bldg) to be filled out.

Step 2: Complete the application below and submit it, along with the Parcel Information Sheet and appropriate fees to Community Development for review.

I: Owner Information

Applicant: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Primary Business activity that will be conducted at the home:
Secondary activities (if applicable):
Business Name:

The following stipulations are required for the administrative approval of a Home Occupation Permit. Requests that are denied because they do not meet the stated requirements, as determined by the Director of Community Development, or their designee, may be appealed to the Carroll County Board of Commissioners.

1. The applicant or operators of the proposed home occupations are full-time residents of the address listed.
2. The proposed home occupation may not generate more than ten (10) clients or customers within any twenty-four (24) hour period
3. The total floor space of the home dedicated to the proposed home occupation may not exceed twenty-five percent (25%) of the heated floor area of the home.
4. The applicant may not use outside storage. (Equipment such as lawn tractors etc. may be kept in an enclosed building so that it is not visible from the road)
5. The applicant must have sufficient off-street parking. No clients or employees of the proposed home occupation are allowed to park on the street, or anywhere on the property that will adversely affect traffic safety.
6. No external or internal changes that would be inconsistent with the primary residential character of the home will be allowed
7. Only passenger vehicles (cars, small trucks, and vans) will be permitted for the conduction of the home occupation
8. No machinery or equipment that will cause noise or interference with television or radio reception, or other similar equipment will be allowed
9. No chemical, electrical, or mechanical equipment that is not normally related to domestic, household use is allowed
10. Signs are not allowed to be placed at the home site where the home occupation is based.
11. Any employee that is not a resident of the home must work off-site and not at the primary business location.

Approval or denial of the application shall be made within thirty (30) days of the receipt of a completed application. The applicant shall be notified in writing/by telephone of the approval or denial of the application.



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APPLICATION FOR A NEW OCCUPATIONAL TAX CERTIFICATE

Step 1: Take the **Parcel Information Sheet** to the Map Room (#414 in the Administration Bldg) to be filled out.

Step 2: Complete the application below and submit it, along with the Parcel Information Sheet, Affidavit(s) and appropriate fees to Community Development for review.

Business Information

Business Name: _____

Business Location: _____

Business Address: _____ City: _____ State: ____ ZIP: _____

Business Phone: _____

Date Business was established: _____

Description of dominant business:

If business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.

Business Owner/Applicant Information

Name: _____

Phone: _____ Applicant Email: _____

Address: _____ City: _____ State: ____ ZIP: _____

SS# or Tax I.D. # _____

State Card # _____

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to the Department of Community Development to be put in our file.

Signature Position Date

Notary: _____

My commission expires on: _____

Seal:

OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

Business Name: _____ **Date:** _____
Estimated Gross Receipts: _____ **Total Fee Due** _____ *(calculated by Worksheet)*
Business Owners Signature: _____ **2005 Tax Forms Enclosed** Yes No

Calculate your payment using the following table and the information on your renewal letter/license. If you have an OTC, use Worksheet A, a Home Occupation, use Worksheet B.

Occupational Tax Class Table

Tax Class	Tax Rate on Gross Receipts	Rate per \$1,000 of Gross
1	0.00024	\$ 0.24
2	0.00032	\$ 0.32
3	0.00040	\$ 0.40
4	0.00048	\$ 0.48
5	0.00056	\$ 0.56
6	0.00064	\$ 0.64

Example:

If your business total gross estimate is \$2,000,000.00 and the tax class is 1:

\$2,000,000.00	(Total Gross estimated for 2010)
x .00024	(multiplied by the tax class)
480.0	(License Fee)

Add the administration fee of \$25.00

Your O.T. total = \$505.00

If your Business has a sign* add \$25.00 = \$530.00

*****Adjustment*****

After receiving your 2010 Tax Forms, you may be notified of an adjustment (refund/payment due) to your 2010 License Fee.

Staff will verify that you have applied the correct license fee before issuing a new license.

**This is for existing signage only. New signage will require the submittal of a sign permit application.*

Worksheet A. Occupational Tax Certificate	Worksheet B. Home Occupation
_____ Total Gross Estimate 2006 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$25 for Sign Renewal (if Business has signage) = _____ Total Amount Due	_____ Total Gross Estimate 2006 x _____ Tax Rate on Gross Receipts = _____ License Fee + \$25 Administration Fee + \$125 Application Fee = _____ Total Amount Due

2009 Tax Extension Request

I, _____, would like to request an extension on my 2009 Occupational Tax Adjustments. I understand that I will be required to submit a copy of my 2009 Federal Income Tax return as soon as it is completed and filed. I also understand that I am to provide the Department of Community Development with this information no later than December 1, 2010.

Note: If an extension has been requested, we require a copy of the Request that was sent to the Federal Income Tax Division.

Signature: _____ Title: _____ Date: _____

*According to Georgia Dept. of Revenue Tax Guide all taxpayers must file a return for each period even if their business did not operate or there were no taxable sales.

Home Occupation &
Occupational Tax Certificate
Affidavit

I hereby do certify that the information provided in this document has been explained to me. I understand the following are requirements for renewal of the Carroll County Home Occupation and the Occupational Tax Certificate (Business License).

- ❑ The Carroll County *Home Occupation* expires on December 31st of each year.
- ❑ The Carroll County *Home Occupation* must be renewed between January 1st and April 15th of the following year.
- ❑ The renewal fee for the Carroll County *Home Occupation* is \$125.00 annually.
- ❑ The *Occupational Tax Certificate* (Business License) expires on December 31st of each year.
- ❑ The *Occupational Tax Certificate* must be renewed between January 1st and April 15th of the following year.
- ❑ When you renew your *Occupational Tax Certificate* you are required to bring a copy of your IRS form 1040 showing the gross receipts that were generated by your company during the previous year or the Georgia Department of Revenue form ST-3 that reflects the Sales and Use Tax for the previous year.
- ❑ If your company files an extension with the IRS you are still required to bring a copy of the extension to be placed on file until your taxes are completed and filed. Then you will need to follow the above stated regulation for reporting revenues.

Applicant's Signature

Date

Director of the Department of Codes Enforcement or his designee

Date

STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A _____

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a _____ under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____, _____.

If Affiant is authorized to sign on behalf of a
partnership, corporation, or other organization or entity,
please set forth the entity and address

Notary Public

My Commission Expires:

Entity: _____
Address: _____

PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be completed by Map Room Personnel in Room #414

MAP ROOM OFFICAL: _____

MAP: _____ **LAND LOT:** _____

PARCEL: _____ **DISTRICT:** _____

CURRENT PROPERTY OWNER: _____

PROPERTY OWNER AS OF JANUARY 1ST: _____

APPLICANT (IF DIFFERENT FROM OWNER): _____

PROJECT ADDRESS: _____

CITY: _____

SUBDIVISION: _____ **LOT #:** _____

ACREAGE: _____ **PARCEL SPLIT FROM:** _____

CURRENT ZONING CLASSIFICATION		
REQUIRED SETBACKS	FRONT	
	SIDE	
	REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST		
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification		
Signature of Zoning Administrator or Designee: _____ Date: _____ Comments: _____		
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of Zoning Administrator or Designee: _____ Date: _____ Comments: _____

Sketch of Property

<i>Please check:</i>	CONVENTIONAL	MANUFACTURED HOME	COMMERCIAL
	ACCESSORY BUILDING OR ADDITIONS	OTHER: _____	

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures.
- ⇒ Show the ***dimensions*** of the lot and all setbacks from the house and other structures to all property lines.
- ⇒ The front setback shall always be measured from the centerline of the frontage road(s).
- ⇒ Show location of any wells, trash pits and all easements (drainage or utility) located on the property.
- ⇒ Show distance to nearest stream or lake on property, or if not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: _____

Is this a Multiple Road Frontage Lot: _____

