



FORSYTH COUNTY
PLANNING AND DEVELOPMENT

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LOCATION CHANGE FOR EXISTING RESIDENTIAL BUSINESS

This is an application for an existing residential business that has a Forsyth County business license and is moving from the existing location in Forsyth County to another location inside the unincorporated areas of Forsyth County.

IF YOU ARE MOVING FROM A RESIDENTIAL LOCATION TO A COMMERCIAL LOCATION YOU WILL NEED TO FILL OUT THE LOCATION CHANGE FOR EXISTING COMMERCIAL BUSINESSES.

BUSINESS INFORMATION / PREVIOUS ADDRESS

License Number: _____

Business Name: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

BUSINESS ADDRESS CHANGES

New Address: _____

City: _____ State: _____ Zip: _____

New Business Phone: _____ Fax: _____

Email: _____

Federal ID #: _____ GA Sales Tax #: _____

IF OWNERSHIP HAS CHANGED PLEASE FILL OUT NEW APPLICATION AND APPLY FOR A NEW BUSINESS LICENSE.

Business Owner: _____ Home Phone: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owners Signature: _____ Date: _____



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Professional Home Office Application Form

Professional Home Offices are businesses that, by their nature, appearance and inherent operational activities and characteristics, are potentially less intensive in character and activity and are, therefore, less likely to have a noticeable and negative impact on the residential or agricultural character of the subject property and surrounding neighborhood. A professional home office shall comply with all of the following performance criteria and general requirements set forth in this article:

- Activities associated with a professional home office shall be conducted entirely within the residential dwelling (including an attached garage, or, one (1) detached garage when no attached garage exists.
- The use of exterior signs shall be prohibited for Professional Home Office.
- The display, storage or parking of materials, goods, supplies or equipment outside of the dwelling or within an accessory building (excluding an attached garage) is prohibited.
- There shall be no non-resident employees working upon the residential property for which a professional home office permit has been granted.
- No more than one (1) vehicle, used primarily as a passenger vehicle, shall be permitted in the connection with the Professional Home Office.
- Owner/Proprietor of all Professional Home Offices shall maintain a valid business license. Failure to hold a valid business license will invalidate the Professional Home Office Permit.
- All Professional Home Office permits shall be deemed valid for twelve (12) months unless otherwise provided for as a condition of the approval of said permits.
- The granting of a Professional Home Office permit shall not constitute a covenant running with the property which Professional Home Office is being conducted. A Professional Home Office permit shall not be transferable to another property and shall automatically and immediately terminate and become null and void upon the sale, lease, or transfer of said property to a party different than to whom the Professional Home Office permit was originally granted.



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Details of Proposed Office Use

Business Name: _____

Business Address: _____

1. Total floor area of the applicant's domicile and/or accessory building, if applicable:

2. Total floor area used to conduct activities associated with the home occupation / home office: _____
 - a.) Open porches
 - b.) Attached garages or similar space not sited for occupancy and living quarters
 - c.) Any additions completed within the past three years
 - d.) The conversion of porches and/or garages into living space completed within the past three years.
3. Total number of non-resident employees: _____
4. Total number and type of vehicles used in connection with home occupation / home office: _____

Affidavit

I, _____, hereby certify that I have read and understand the Professional Home Office Requirements and that I will comply with the requirements as outlines above and as required by the Home Occupation Ordinance.

Signature

Date

Signed, sealed and delivered in the presence of:

Notary Public

Date



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**FORSYTH COUNTY 911CENTER
AFTER HOURS EMERGENCY CONTACT**

ATTENTION: ALL FORSYTH COUNTY BUSINESSES
FROM: FORSYTH COUNTY 911CENTER
RE: AFTER HOUR EMERGENCY CONTACT INFORMATION

Please fill out the questionnaire below and return with your application for a Forsyth County business license. This is *necessary* information in the event of a crisis situation for our emergency personnel.

If there are any changes, updates or closing of the business, please contact our C.A.D. Department by phone at 678-513-5949 or by fax at 770-781-2202

****PLEASE PRINT CLEARLY****

DATE SUBMITTED: _____ RESIDENTIAL BUSINESS ? YES _____ NO _____

BUSINESS NAME: _____

STREET ADDRESS: _____

SUITE/APT #: _____ CITY: _____ ZIP: _____

DIRECTIONS:

LANDLINE BUSINESS PHONE: _____

****IF CELL PHONE ONLY BUSINESS:** _____

BUSINESS OPERATING HOURS: _____

TYPE / PURPOSE OF BUSINESS: _____

24 HOUR EMERGENCY CONTACT PERSONEL:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE NUMBER: _____

****HAZARDOUS MATERIALS? YES _____ NO _____**

If yes, please list the chemical name and U.N. # on reverse side.