



City of Ocean Springs Planning Department
1018 Porter Avenue/ PO Box 1800 Ocean Springs, MS 39564
(228) 875-4415

HOME OCCUPATION APPLICATION

Application Fee - **\$50.00 +\$1.00**

(\$50.00 - Non-Refundable - Effective June 11, 2006)

(\$1.00- Non-Refundable - Effective November 15, 2022 - Ordinance 2022-17 following the requirements of Section 25-60-5 MS Code Annotated)

Section 6.5 of the Unified development Code (UDC)

6.5.2 Applicability

A. This section applies to any occupation, profession, or business activity customarily conducted entirely within a dwelling unit and carried on by a member of the family residing in the dwelling unit, and which occupation or profession is clearly incidental and subordinate to the use of the dwelling unit for dwelling purposes and does not change the character of the dwelling unit. A home occupation is an accessory use to a dwelling unit.

B. No home occupation, except as otherwise provided in this section, may be initiated, established, or maintained in the unit except in conformance with the regulations and performance standards set forth in this section. A home occupation shall be incidental and secondary to the use of a dwelling unit for residential purposes.

Applicant Information

Application Date: _____

Property Address: _____

Business Name: _____

Owner Name: _____ Email: _____

Home Phone: _____ Cell/Work Phone: _____

Type of Business: _____

I understand the restrictions and requirements associated with a home occupation and shall operate the proposed business accordingly:

- All materials must be kept in an enclosed area and not viewable from street.
- No more than one non-resident employee shall be permitted.
- Not more than six clients per day (limit one visit per day per each client) are permitted to visit home occupation. Hours for visits shall be between 8:00 AM and 8:00 PM.
- Not more than 25% of the gross floor area of the principal dwelling structure shall be utilized for the home occupation.

Failure to operate in such a manner will cause the revocation of my privilege license, if granted.

Signature of Applicants: _____ Date: _____

Office Use Only:

Zoning District: _____ Section 202/505 compliant: _____ Adverse Impact: _____

Approved by: _____ Permit Number: _____

Comments: _____