

Ocean Springs Planning Department  
PO Box 1800, Ocean Springs, MS 39564  
228-875-4415 (Phone) 228-872-5427 (fax)

**Office Use**

Date Received \_\_\_\_\_  
Received by \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Cash / Ck# \_\_\_\_\_

**HOME OCCUPATION APPLICATION**

Application Date: \_\_\_\_\_

Application Fee – **\$50.00**

*(Non-Refundable – Effective June 11, 2006)*

**Section 202: Home Occupation:** Any occupation which is customarily incident to the main use of the premises as a dwelling place, and is conducted by a member of a family residing in the dwelling, and in connection with which there is kept no stock in trade nor commodity to be sold upon the premises, provided that no person is employed other than a member of the immediate family residing on the premises; providing further that no mechanical equipment shall be used which will be obnoxious or offensive by reason of vibration, noise, odor, dust, smoke, fumes, and/or excessive traffic. None of the materials required in the home occupation shall be permitted to be stored outside the home or garage. The operation of beauty culture schools, beauty parlors, or barbershops shall not be considered home occupations.

**Section 505: Home Occupation Regulations:** (1) Home occupations shall not be carried out in more than twenty (2) percent of the total dwelling area. (2) There shall be no external evidence of the use except for the allowance of one unanimated, non-illuminated sign not to exceed one square foot in area mounted flush against the main building. (3) No goods or merchandise shall be sold or offered for sale on the premises.

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**Applicant Information**

Property Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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**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.
- There shall be no traffic impact on the neighborhood or large deliveries.
- No employees or customers on site.

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

Signature of Applicants: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only:

Zoning District: \_\_\_\_\_ Section 202/505 compliant: \_\_\_\_\_ Adverse Impact: \_\_\_\_\_

Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

Permit Number: \_\_\_\_\_ **Copies:** Applicant and Tax Counter **Original:** Planning Department