

**In-Home Profession or Industry Application**

Please mail or deliver to:  
Harpers Choice Architectural Committee  
5440 Old Tucker Row  
Columbia, Md. 21044  
(410)730-3888

Log # \_\_\_\_\_  
Received \_\_\_\_\_

(Please print in ink or type)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_

PHONE - (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

TYPE OF HOUSE:     Single Family, detached                       Townhouse, end unit  
                                  Condominium     Townhouse, interior unit

Describe the nature of the In-Home Business you propose to conduct. Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

Describe any interior alterations required. Any exterior alterations or additions require a separate application.

\_\_\_\_\_

\_\_\_\_\_

Describe nature of parking requirements necessary to conduct profession or home industry and describe how parking requirements will be met. Attach a plat showing these facilities.

\_\_\_\_\_

\_\_\_\_\_

Describe the frequency and means of delivery of any goods which will be shipped to, or delivered from, the residence.

\_\_\_\_\_

\_\_\_\_\_

Describe the nature of any materials or goods which will be stored on the premises, and the location at which they will be stored.

\_\_\_\_\_

\_\_\_\_\_

Specify the days and hours of operation of your business.

\_\_\_\_\_

\_\_\_\_\_

Specify whether the customers or clients of your business will on any occasion come to your home. If so, what is the maximum number of persons expected at any one time?

\_\_\_\_\_

\_\_\_\_\_

Describe any unusual noises, odors, hazards, or annoyances which are likely to arise from the operation of your business.

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT BY AFFECTED AND/OR ADJACENT PROPERTY OWNERS.**

No less than two signatures should be obtained.

THIS ACKNOWLEDGMENT INDICATES AN AWARENESS OF THE INTENT AND DOES NOT CONSTITUTE NOR INDICATE APPROVAL OR DISAPPROVAL BY THE SIGNATORIES. RESIDENT INPUT MAY BE PRESENTED AT ARCHITECTURAL COMMITTEE MEETINGS.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TENANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(If Renting, Owners Signature also Required)

ACTION:

REMARKS:

APPROVAL EXPIRES ON: \_\_\_\_\_

\_\_\_\_\_  
Architectural Committee Signature    Date

\* HARPERS CHOICE ARCHITECTURAL COMMITTEE APPROVAL OF THIS APPLICATION MAY NOT BE THE ONLY APPROVAL REQUIRED. IT MAY BE NECESSARY TO OBTAIN APPROVAL FROM YOUR HOMEOWNER'S ASSOCIATION AND/OR HOWARD COUNTY. SUCH ORGANIZATIONS OR AGENCIES MAY HAVE MORE RESTRICTIVE CRITERIA OR COVENANTS. THEREFORE, IT IS THE HOMEOWNERS RESPONSIBILITY TO ENSURE COMPLIANCE WITH ALL APPLICABLE RESTRICTIONS.