

**Metropolitan** *Planning Commission*  
Shreveport | Caddo Parish

# Unified Development Code Home Based Business Packet

Application and Review Packet for the Caddo Parish UDC



**Zoning Enforcement**  
505 Travis Street, Suite 440  
Shreveport, LA 71101 | phone 318-673-6440

[www.shreveportcaddompc.com](http://www.shreveportcaddompc.com)



## HOME BASED BUSINESS APPLICATION PACKET

**Intent.** Caddo Parish recognizes the need for some citizens to use their place of residence for limited non-residential activities. However, the Parish believes that the need to protect the integrity of its residential districts is of primary concern. The intent and purpose of the provisions of the UDC is to provide certain types of occupational uses within residential districts which:

- a. Are compatible with residential uses;
- b. Are incidental to the use of the premises as a residence;
- c. Are limited in extent; and
- d. Do not detract from the residential character of the neighborhood.

**Definition.** A home occupation is defined as any business or commercial activity that is conducted or petitioned to be conducted from property that is zoned for residential use.

**Procedure.** Application for a HOME OCCUPATION permit shall be made to the Zoning Administrator on a form provided by the department. A reasonable inspection of the applicant's premises shall be undertaken by the Zoning Enforcement Inspectors to determine compliance with this ordinance. In cases where the Zoning Administrator considers the application not within the scope of the HOME OCCUPATION criteria, the application will be denied.

**Time Limit/Renewal.** All HOME OCCUPATION permits shall be VALID for a period of TWO (2) YEARS. Requests for renewals shall be submitted to the Zoning Administrator in writing prior to expiration of the permit. The Zoning Administrator may refuse to approve a request for renewal based on one or more violations of the provisions of this ordinance.

**Appeal to the Zoning Board of Appeals.** The decision of the Zoning Administrator concerning approval or renewal shall be final unless a written appeal is filed with the Zoning Board of Appeals within thirty (30) calendar days of the decision. An appeal may only be filed by the property owner or a different property owner that is directly affected.

**Prior Legal Home OCCUPATION/HOME BUSINESS.** Any HOME OCCUPATION or HOME BUSINESS which is legally permitted prior to the adoption of this ordinance shall not be required to conform to the criteria of this ordinance. Prior legal HOME OCCUPATIONS or HOME BUSINESSES shall be subject to renewal every TWO (2) YEARS and shall not expand or alter the uses as stated in the original permit agreement.

### **\*\*CRITERIA\*\***

All home occupations shall meet the following criteria:

1. A home-based business certificate of occupancy is required.
2. The home-based business must be conducted by an individual permanently residing within the dwelling. Only residents of the dwelling may be employed in the home-based business.
3. Signs, displays, or activities that indicate from the exterior that the structure is being used, in part, for any purpose other than that of a residence are prohibited. However, one identification sign not exceeding two square feet in area is permitted.
4. The home occupation and all related activity, including storage, must be conducted completely within the principal building or a permitted accessory structure.
5. No toxic, explosive, flammable, combustible, corrosive, etiologic, radioactive, or other restricted materials may be used or stored on site.
6. No commodities can be sold or services rendered that require receipt or delivery of merchandise, goods, or equipment other than by a passenger motor vehicle or by parcel or letter carrier mail services using vehicles typically employed in residential deliveries.
7. The home-based business cannot create greater vehicular or pedestrian traffic than normal for a residential area. The home-based business and any related activity must not create any traffic hazards or nuisances in public rights-of-way.
7. Alterations to the residence or permitted accessory structures that would alter the residential character of the dwelling are prohibited.
8. No more than four clients, patients, pupils, or customers are permitted at any given time. Such visits must occur between 7:00 a.m. and 7:00 p.m. and must be by appointment only.
9. Barber or beauty shops are limited to one operator with one assistant, one styling chair, and one shampoo bowl. Scheduling for barber and beauty shops is limited to one appointment at a time only.
10. There must be no perceptible noise, odor, smoke, electrical interference, vibration, or other nuisance emanating from the structure where the home occupation is located in excess of that normally associated with residential use.
11. Repair and service of any vehicles or any heavy machinery is prohibited as a home occupation. Day care homes are not considered a home occupation and are regulated separately by this Code.
12. Use or storage of tractor trailers, semi-trucks, or heavy equipment, such as construction equipment used in a commercial business, is prohibited.



# HOME BASED BUSINESS APPLICATION PACKET

Please return form to:

Permit Center (Zoning Desk)  
1st Floor, Government Plaza, Suite 130  
505 Travis Street  
Shreveport, LA 71101

### DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY

Date of Application Accepted: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Paid: \_\_\_\_\_ Accepted By: \_\_\_\_\_

### FEES

\$50

### REQUEST FOR HOME OCCUPATION

Renewal

New

### PROPERTY INFORMATION

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Owner of Business (if different than applicant): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### GUIDELINES

I have read the guidelines as set forth in the application for a "Home Based Business". I understand that failure to comply with these rules may result in revocation of my Certificate of Occupancy by the Zoning Office and/or penalties as imposed by the City Attorney's Office and that the City Revenue Office will be requested to revoke any licenses that may have been issued based upon my compliance with all the rules and guidelines set forth in my license.

#### NOT A SEXUALLY ORIENTED BUSINESS

Based on the definitions and regulations as described in the City of Shreveport Ordinance #12 of 1994, I/we are not and do not intend to be a sexually oriented business and I/we understand that if at any time I/we will choose to become a Sexually Oriented Business, I/we will immediately come into compliance with all those regulations and requirements as set forth in the aforementioned ordinance as well as all other City of Shreveport codes and ordinances applicable to such business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY

- |                              |                             |   |                              |                             |  |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sign on premises? (2 square feet name plate "only") | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Indication of Outside Employees?             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Storage of materials or heavy equipment?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does Fire Prevention need to come out?       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recommend issuance of certificate?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the Health Department need to come out? |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fire Prevention (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Department (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Zoning Inspector

\_\_\_\_\_  
Date