



**Oakland Mills Community Association
IN-HOME BUSINESS APPLICATION**

If you have any questions concerning this application or the review process, please call the Covenant Advisor at 410-730-4610.

APPLICATION SHOULD BE RETURNED TO:
Oakland Mills Community Association
5851 Robert Oliver Place
Columbia, MD 21045
Attn: Covenant Advisor,
covenants@oaklandmills.org

FOR OFFICE USE ONLY

OM # _____
DATE REC'D _____
RAC: _____
AC REVIEW DEADLINE: _____
SEC _____
AREA _____
LOT _____
AC APPEAL: _____

NAME: _____
ADDRESS: _____
PHONE: (H) _____ (W) or (C) _____
EMAIL: _____

***PLEASE NOTE: OWNER/TENANT MUST RESIDE ON THE PROPERTY IN ORDER TO OPERATE AN IN-HOME BUSINESS IN OAKLAND MILLS.**

Describe the nature of the in-home business you propose to conduct: (include hours of operation): _____

Will the business require a commercial vehicle to be parked on the property? (If yes, Architecture Committee (AC) approval is necessary).

Discuss the parking requirements of the proposed business: _____

How would goods be delivered to or shipped from your residence? _____

What is the maximum number of customers or clients expected at any one time? _____

What parking is available to them? _____

How will the business impact on the neighbors (e.g. traffic, noise, odors, other hazards)? _____

Will the business require the sale of goods or merchandise on the premises? _____

Will the business require the outdoor storage of materials, equipment, or supplies? _____

If you are renting rooms to boarders/renters, how many boarders/renters do you expect to have at any one time? _____

Is off-street parking available? _____

How long do you expect the average boarder/renter to stay? _____

OWNER SIGNATURE: _____ DATE: _____

INSTRUCTIONS TO THE APPLICANT:

1. Approval of this application does not authorize violation of any provision of the Howard County building and zoning codes and licensing regulations.
2. Approval by the Architectural Committee may also be subject to local association covenants or restrictions. In most cases, the more restrictive criteria shall apply; therefore, it is the homeowner's responsibility to ensure compliance with all applicable restrictions.
3. Processing of this application will normally take 30 days, although the Covenants allow up to 60 days for review. This application will be reviewed initially by the Resident Architectural Committee which meets the first and third Tuesday of each month.
4. Approval of this application is valid for one year unless otherwise stated. You are responsible for re-applying before your approval expires.

ACKNOWLEDGEMENT OF AFFECTED AND ADJACENT RESIDENTS: (at least 2 required)
 (Note: Affected and surrounding residents signature indicates awareness of intent, not approval or disapproval. If you have any questions concerning this application, please call the Covenant Advisor at 410-730-4610. Residents input may be given at open committee meetings).

NAME: _____ ADDRESS: _____
 NAME: _____ ADDRESS: _____
 NAME: _____ ADDRESS: _____

RECOMMENDATION OF THE RESIDENT ARCHITECTURE COMMITTEE (RAC):

_____ Approved as submitted, DATE OF REVIEW: _____
 _____ Approved with the following provisions, DATE OF REVIEW: _____
 _____ Denied for the following reasons, DATE OF REVIEW: _____
 _____ Tabled for the following reasons,
 1ST TABLE DATE: _____ 2ND TABLE DATE: _____
 1ST TABLE: _____
 2ND TABLE: _____

 FOR RAC: _____ FOR RAC: _____

ARCHITECTURE COMMITTEE ACTION:

Approve RAC Recommendations: _____
 Other Action: _____

Signature of AC Member: _____ DATE: _____

If you disagree with this decision you may, within ten (10) days of receipt of this notice, notify the Covenant Advisor in writing of your intent to appeal. You will be notified of the appeal date.

ARCHITECTURE COMMITTEE APPEAL ACTION:

Signature of AC Member: _____ DATE: _____