



<b>For Office Use</b>	
HR _____	Rec'd _____
RAC _____	
Sec _____, Area _____, Lot _____	

**APPLICATION FOR IN-HOME BUSINESS**

**Please mail, FAX, or deliver to:** Hickory Ridge Architectural Committee • 6175 Sunny Spring • Columbia, Maryland 21044  
 Phone: 410 730-7327 • FAX: 410 992-5843 • E-Mail: [hickoryridge@columbiavillages.org](mailto:hickoryridge@columbiavillages.org)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF DWELLING OR IMPROVEMENT (i.e., Single Family, Townhouse, Condo) \_\_\_\_\_

\_\_\_\_\_  
 Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

If a change applies to a **condominium** or **townhouse**, you may need to seek approval from your condominium/townhouse community. For more information, please consult your condominium/townhouse association board.

**Purpose and Description of Profession or Home Industry:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If more space is needed, use an additional page.

Number of vehicles owned property residents \_\_\_\_\_ Number of parking spaces owned by or allocated to the applicant \_\_\_\_\_

Will a truck or other vehicle be used? If so, how many, what type and where will they be parked? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Describe nature of parking requirements necessary to conduction profession or home industry and describe how parking requirements will be met.: \_\_\_\_\_

Will any business materials be stored on the property? If so, what type and where will the be stored. \_\_\_\_\_

In addition to residents, how many people will be employed \_\_\_\_\_

What will be the hours of operation? \_\_\_\_\_

Nature and frequency of delivery requirements: \_\_\_\_\_

Describe any impact to neighbors (such as traffic, late night noise, odors), from the operation of this business. \_\_\_\_\_

\_\_\_\_\_

ACKNOWLEDGEMENT OF AFFECTED AND/OR ADJACENT PROPERTY OWNER:  
(at least two are desired)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**NOTE: YOUR SIGNATURE INDICATES AWARENESS OF INTENT, NOT APPROVAL OR DISAPPROVAL. IF YOU SHOULD HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, PLEASE CALL THE COVENANT ADVISOR AT 410 730-7327. RESIDENT INPUT MAY BE GIVEN AT OPEN COMMITTEE MEETINGS.**

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**FOR HICKORY RIDGE ARCHITECTURAL COMMITTEE USE ONLY**

\_\_\_\_\_ APPROVED

\_\_\_\_\_ APPROVED WITH THE FOLLOWING PROVISIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ DENIED FOR THE FOLLOWING REASONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date of review \_\_\_\_\_ RAC signature \_\_\_\_\_

ARCHITECTURAL COMMITTEE FINAL ACTION:

\_\_\_\_\_ Date \_\_\_\_\_ AC signature \_\_\_\_\_

Note: If you disagree with the decision, according to Article VII, Section 7.01, of the Village Covenants, a written appeal may be made within ten days of receipt:

Covenant Advisor  
6175 Sunny Spring  
Columbia, MD 21044

Annual reapplication is not necessary if no changes have been made and no complaints received.