

**COUNTRYSIDE PROPRIETARY**

**NOTIFICATION TO CONDUCT BUSINESS ACTIVITY**

*In accordance with the CountrySide Proprietary Covenants and Restrictions and Resolution Number 262, I/we hereby notify the Board of Directors that the undersigned desires to conduct a home based business in or on part of a Lot located as described below.*

*Owner/Occupant's Name(s):* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Email Address* \_\_\_\_\_

*Lot Number:* \_\_\_\_\_ *Neighborhood* \_\_\_\_\_

*Purpose and description of business activity:*

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

*Will commercial vehicles be used for operation?* \_\_\_\_\_

*If so, type and #:* \_\_\_\_\_

*Type of dwelling (e.g. townhome, single family):* \_\_\_\_\_

*Describe any parking requirements and how parking requirements will be met:*

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

*Hours of operation:* \_\_\_\_\_

*Date requested for beginning business activity:* \_\_\_\_\_

**ADDITIONAL TERMS:**

1. *Nothing contained in this Application to Conduct Business Activity shall be construed as a waiver of or modification of any restrictive covenants or any of the provisions of the Commonwealth of Virginia or Loudoun County laws.*
2. *By signing below, the undersigned acknowledges that he or she has read and agree to abide by CountrySide Proprietary Resolution No. 262 entitled "The Operation of Business Activity Within CountrySide," , the CountrySide Proprietary's Governing Documents, and state and local statutes, regulations, and ordinances (collectively the "Requirements"), and further understands that deviation from the Requirements or supplying false, inaccurate or incomplete information may result in revocation of permission to operate a Business Activity in CountrySide.*
3. *The undersigned understands and agrees that no Business Activity may be conducted on any Lot until the following information is received by the Board of Directors:*
  - *A copy of the written permission issued by the owner of the Lot if the applicant does not own the Lot;*
  - *A fully completed and signed Acknowledgement of Adjacent Owners completed and signed by four adjacent property owners who will be most affected by the Business Activity;*
  - *Copy of a Home Occupation Permit issued by Loudoun County;*
  - *Copies of all state and local licenses and permits required to conduct the Business Activity;*
  - *If applicable, a signed copy of the Child Care Home Attachment Form;*
  - *Copies of all Certificates of Insurance evidencing adequate insurance coverage for the Business Activity as required by the Commonwealth of Virginia or Loudoun County. All required policies must name the Association as an additional insured and must, in the sole discretion of the Board, adequately protect the Association from liability for any occurrence on the Common Area incident to or related to the Business Activity.*
4. *The operator of the Business Activity must keep current all policies of insurance providing adequate insurance coverage as required by law for the Business Activity, as well as all business licenses and permits required by state or local laws to conduct the Business Activity.*

*Owner/Occupant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Owner/Occupant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**ACKNOWLEDGEMENT OF ADJACENT OWNERS**

*The undersigned record owners of the Lots indicated below acknowledge that they are aware of the intent of the owner/tenant of Lot # \_\_\_\_\_ located at \_\_\_\_\_ in the CountrySide community to operate a home based business from that Lot. Any comments regarding the operation of the proposed home based business should be forwarded to the Association Office within seven days.*

Printed Name(s): \_\_\_\_\_

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

Lot #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

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

Lot #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

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

Lot #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

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

Lot #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_