

LORTON VALLEY HOMEOWNERS ASSOCIATION  
APPLICATION FOR HOME-BASED BUSINESS

*Please fill out all areas completely. Only complete applications will be reviewed.*

**Section 1: Applicant Information**

Name: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_

Email: \_\_\_\_\_

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

**Section 2: Proposed Home-Based Business**

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

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

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

Anticipated number of customer/clients/visitors per day (for child day care services, please state the number of children that will be cared for and specify whether your home is attached or detached): \_\_\_\_\_

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

Will a company/corporate vehicle be maintained at the residence? If yes, please describe the vehicle (make/model/color/commercial logos or lettering): \_\_\_\_\_

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

How many deliveries per week will you receive at the residence? \_\_\_\_\_

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

**Section 3: Attachments**

*Please make sure that each of the following are included with your application:*

- County business license
- Applicable state licenses
- Other applicable permits
- Exhibits, petitions, photographs, experts' statements and the like that the you deem appropriate

**Section 4: Applicant Signatures**

I hereby certify that the information I have provided is accurate to the best of my knowledge. I further certify that, once approved, I shall conduct the proposed home-based business in accordance with Policy Resolution 14-02. Permission is hereby granted to members of the Lorton Valley Homeowners Association Covenants Committee, and its representatives, to enter on my property as necessary and with advance notice as part of its review of my application and as part of its responsibility to reasonably enforce Policy Resolution 14-02.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return To: **Covenants Committee**  
**Lorton Valley Homeowners Association**  
**c/o FirstService Residential**  
**11351 Random Hills Road, Suite 500**  
**Fairfax, VA 22030 fax 703-591-5785**  
**E-Mail: [Randy.Kline@fsresidential.com](mailto:Randy.Kline@fsresidential.com)**