

Date Received: \_\_\_\_\_

LOG # \_\_\_\_\_

Village of Wilde Lake  
**Application for In-Home Profession or Industry**  
*Please consult the Wilde Lake Architectural Guidelines  
and Maintenance Standards for application requirements.*

**I. Applicant Information**

Property Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**II. Detailed Description of Profession or Home Industry**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach extra sheets if needed)

**III. Signatures of Two Adjoining Property Owners**

Adjoining Owner Name & Address: \_\_\_\_\_

Signature\*: \_\_\_\_\_

Adjoining Owner Name & Address: \_\_\_\_\_

Signature\*: \_\_\_\_\_

**IV. Signatures of Property Owners Across the Street & Facing Applicant's Property**

Owner Name & Address: \_\_\_\_\_

Signature\*: \_\_\_\_\_

Owner Name & Address: \_\_\_\_\_

Signature\*: \_\_\_\_\_

**\*Signature indicates awareness of proposed in-home business and does not constitute approval.**

**V. Signature of Townhouse or Condominium Association**

**(Required if in-home business will be conducted in or on a part of a townhouse or condominium which is under the auspices of an HOA.)**

Homeowners Association Name: \_\_\_\_\_

\_\_\_ Approved      \_\_\_ Disapproved      \_\_\_ Awareness of Proposed Change

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**VI. Please answer the following questions:**  
(Check the Wilde Lake Architectural Guidelines and Maintenance Standards for full details of application requirements for In-Home Businesses.)

- 1) What are the hours of operation?
- 2) Will there be deliveries of supplies to the property?
- 3) How will the storage of business-related materials be accomplished?
- 4) How will the distribution of any products or materials be made?
- 5) How many employees will be working at the property?
- 6) What is the expected number of clients/customers/visitors per day?
- 7) How many vehicles are expected to park at any one time?
- 8) What number of trash/recycling bins will be set out on the property on pick-up days?
- 9) How do you perceive the overall impact on the neighborhood?

**\*\*Incomplete applications will be returned.\*\***

**VII. Applicant Signature**

The undersigned hereby understands and agrees that no in-home business shall commence until Wilde Lake Architectural Committee approval is obtained.

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

**Mail or deliver completed application to:**

Wilde Lake Community Association  
Slayton House  
10400 Cross Fox Lane  
Columbia, Maryland 21044  
Attn: Covenant Advisor

Phone: 410/730-3987  
Fax: 410/730-6695 (fax)  
e-mail: [covenants@wildelake.org](mailto:covenants@wildelake.org)  
Website: [www.wildelake.org](http://www.wildelake.org)

revised Oct10,2014