



HOME OCCUPATION PERMIT APPLICATION \$50 Fee

A home occupation is a business, profession, or other economic activity conducted full-time or part time in a dwelling unit that serves as the principal residence of the practitioner of the home occupation. The home occupation must be compatible with the residential neighborhood in which it is located. The intent is to protect residential areas from adverse effects of activities associated with home occupations, while permitting residents of the community the opportunity to use the home as a workplace and source of livelihood under specific regulatory conditions.

APPLICANT INFORMATION

Name _____

Residence Address: _____

Zoning District: _____ Tax Map Number: _____

PREMISE INFORMATION

- 1) Is the above address your principal place of residence? YES NO
- 2) Applicant is the Owner Tenant
- 3) Premises is a :
 Owner Occupied Single Family Dwelling Rented Apartment House Dwelling
 Duplex Rented Single Family Dwelling
 Manufactured/Mobile Home

BUSINESS INFORMATION

- 4) Describe the proposed business you intend to operate:

- 5) Is this business sexually oriented? YES NO
- 6) What is the total square footage of your residence? _____
 - a. What percentage of the available square feet will be used in the operation of the proposed business? _____% (cannot be more than 25%)
 - b. Will the proposed business utilize the basement, cellar, or garage? YES NO
- 7) Where on the premises will material (if any) used in the proposed business be located?

- 8) What equipment will be used in the operation of your proposed business? _____

9) Will the operation of your proposed business require any architectural or structural modifications to your residence? ___ YES ___ NO

a. If yes, please describe modifications.

10) How many non family members will be employed in the proposed business? ___ (Cannot be more than one)

a. Do any of these persons reside with you? ___ YES ___ NO

11) How do you plan to notify the public of the services available from your home based business?

12) Will the proposed business result in the creation of a product? ___ YES ___ NO

a. If yes, please describe product.

13) Indicate the hours of operation of your proposed business? ___ am to ___ pm (hours) (M-F) (Sat- Sun)

14) How many clients will you serve on the premises within a one hour period? _____

15) How many vehicles will be use in the operation of the proposed business? _____

16) What type of parking will be provided for clients/visitors/employees of the proposed business? (check one): ___ No parking provided ___ off street parking ___ Street Parking

ATTESTATION

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in this application and/or permit being voided.

Name of proposed business _____

Applicant Printed Name _____

Applicant Signature _____

Daytime Number _____ Email Address _____

OFFICAL USE ONLY

___ APPROVED – the Zoning Administrator has determined that the Applicant has met all conditions necessary for the issuance of a Home Occupation Permit, based on the information in this applicant and the administrative review process.

Approved Date _____ Approved by _____

___ DENIED – the Zoning Administrator has determined that while the Applicant appears to have met the conditions necessary for a Home Occupation Permit, the proposed business is inconsistent with general purpose and internet of the zoning regulations for the following reason(s): _____

Denial Date: _____ Denied by _____