



**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 \_\_\_\_\_