

Address: \_\_\_\_\_  
Map \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Home Occupation Permit # \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_

## HOME OCCUPATION PERMIT APPLICATION

Applicant/Owner: \_\_\_\_\_

Property Location: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Description of Business:

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

Product:

Service:

| ITEM  | YES | NO |
|---|-----|----|
| ANY PART OF BUSINESS TO BE IN SECONDARY STRUCTURE?    |     |    |
| AREA TO EXCEED 25% OF FLOOR AREA?<br>(PROVIDE SKETCH) |     |    |
| SEPARATE ENTRANCE REQUIRED?                           |     |    |
| ANY EMPLOYEES OTHER THAN RESIDENT(S)?                 |     |    |
| SIGN REQUESTED? (SKETCH REQUIRED IF "YES")            |     |    |
| ARE CLIENTS/CUSTOMERS TO COME TO THE SITE?            |     |    |
| PARKING REQUIREMENTS FOR EMPLOYEES & CLIENTS?         |     |    |
| ANY HAZARDOUS MATERIALS?                              |     |    |
| ANY OUTSIDE STORAGE?                                  |     |    |

**--Initial Permit granted for ONE (1) year--**

Signed: \_\_\_\_\_  
Applicant Date

Signed: \_\_\_\_\_  
Property Owner (If NOT Applicant) Date

Zoning Official: \_\_\_\_\_  
Date