

Address: _____ Home Occupation Permit # _____

Map _____ Lot _____ Zone _____ Fee Paid \$ _____ Cash/Check _____

HOME OCCUPATION PERMIT APPLICATION WITH TRADE NAME

HOME OFFICE- TRADE NAME ONLY

Applicant/Owner: _____

Property Location: _____

Business Name: _____

Mailing Address: _____

Tel # _____ Cell # _____

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? (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

I/We certify that this approval is for a home office **ONLY** for the purpose of obtaining a Trade Name Certificate.

Signed _____
Applicant Date

Zoning Official: _____