

HOME OCCUPATION FORM

NAME OF APPLICANT:

ADDRESS:

TELEPHONE NUMBER:

TYPE OF HOME OCCUPATION:

PROPERTY OWNER:

ADDRESS:

TELEPHONE NUMBER:

HOME OCCUPATION - Any business, professional or commercial activity that is conducted or petitioned to be conducted from and performed on property that is zoned for residential use unless the following conditions can be met:

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| 1. Will you be generating any traffic, noise or odor? | yes | no |
| 2. Will there be any employees other than those that reside on the premises? | yes | no |
| 3. Will there be any sign on the premises? | yes | no |
| 4. Will there be any external storage of inventory or vehicles? | yes | no |
| 5. Will there be external alteration of the dwelling? | yes | no |
| 6. Will the use be conducted entirely within the dwelling or an accessory structure? | yes | no |

APPLICANT SIGNATURE:

DATE

OFFICE USE ONLY:

DATE OF APPLICATION:

ZONING DISTRICT:

PLANNING & ZONING APPROVED:

CONDITIONAL USE PERMIT REQUIRED: