

HOME USE OCCUPATION PRE-APPLICATION

For anyone wishing to operate a home based business for compensation, which houses inventory, and/or generates additional traffic within the neighborhood. There are some occupations that do not require a permit such as Home Retail Parties (Tupperware, Pampered Chef, Jewelry, etc), Daycares, telemarketing, computer basec businesses that do not have public coming to the home, or businesses that are conducted via phone/email
All home occupation permits require a public hearing and must be renewed every 3 years
A pre-application for home occupation permits is required before completing a full application.

PRINT OR TYPE

1. PROPERTY LOCATION (Street Address and Legal Description): _____

Lot# _____ Block# _____ Division _____

2. APPLICANT NAME: _____
OWNER'S NAME (If Different): _____
ADDRESS (Mailing): _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE (Home): _____ (Business): _____

3. PLEASE DESCRIBE THE TYPE OF BUSINESS YOU INTEND TO OPERATE (Attach separate sheet, if necessary):

4. WILL YOU HAVE STOCK IN TRADE STORED IN YOUR HOME? _____
If yes, describe the merchandise, retail products or other items of stock in trade to be stored in your home and the amount of space required for storage area as a percentage of total gross floor area of your home

5. WILL YOU HAVE PEOPLE COMING TO YOUR HOME FOR PURPOSES RELATED TO YOUR HOME OCCUPATION: _____
If yes, please describe the type of person coming to your home (i.e. customers, sales people, delivery or distribution people, etc.) and the frequency of their visits to your home.

6. PLEASE DESCRIBE IN DETAIL THE TYPE OF EQUIPMENT YOU WILL BE USING IN YOUR HOME OCCUPATION, INCLUDING, BUT NOT LIMITED TO, OFFICE, ELECTRONIC, AND MECHANICAL EQUIPMENT OR MACHINERY:

7. STATE THE DAYS AND HOURS OF OPERATION OF THE HOME OCCUPATION: _____

APPLICANT(S) SIGNATURE(S): _____

DO NOT WRITE BELOW THIS LINE

DATE FILED: _____

HOME USE OCCUPATION PERMIT REQUIRED: _____ YES _____ NO
If yes, please complete full application and pay fee.

GARY THOMPSON, ZONING ADMINISTRATOR, SIGNATURE: _____