



TYPE 1 HOME OCCUPATION PERMIT

As part of your application for a Business License, this form is required for any proposed use that is a Home Occupation. A Home Occupation is a legal, nonresidential income-producing use or activity that is conducted in or on a residential lot.

Please complete this questionnaire and submit with your application for a Business License.

Name _____ Business Name _____

Address _____ Phone _____

Description of Business _____

Please answer the following questions about your home occupation: (Check One)

1. Will any portion of the home business that is conducted at the home take place outside the residential structure or accessory building?	Yes	No
2. Will the home occupation and associated storage of materials and products occupy more than 700 gross square feet of floor area?	Yes	No
3. Will there be any exterior alterations to the residence as a direct result of the home business?	Yes	No
4. Will there be any business clients or customers coming to the residence?	Yes	No
5. Will there be any exterior storage of vehicles related to the business, except for one commercially licensed vehicle no larger than ¾ ton?	Yes	No
6. Will there be any employees or volunteers on premises (other than those who are permanent residents of the dwelling)?	Yes	No
7. Will there be any noise, vibration, smoke, dust, odors, heat or glare at or beyond property line?	Yes	No
8. Excluding regular US Postal delivery, will there be more than one trip per day for delivery or pick up?	Yes	No
9. Will the home occupation include the use of tractor trailers, fork lifts, or similar heavy equipment?	Yes	No
10. Will storage, distribution, or use of toxic or flammable materials be involved?	Yes	No
11. Is signage proposed, other than a name plate (2 square feet or less in size)?	Yes	No
12. Will automotive services, junk and salvage operations, or storage or sale of fireworks be involved?	Yes	No

I hereby certify that my business will continually conform to the standards of Section 40.40 of the Development Code pertaining to Home Occupations. Non-compliance with these regulations will result in the revocation of this permit and/or the associated business license.

Signature

Print Name

Date

(Office Use Only)

Reviewed By _____ Date Received _____ Approved? Yes _____ No _____ License # _____