



HOME OCCUPATION REQUEST

APPLICANT(S): _____

ADDRESS: _____

PHONE: _____

LOCATION: _____

PROPERTY OWNER(S): _____
(Name)

(Address)

(Phone) (Email)

LEGAL DESCRIPTION OF PROPERTY: _____

PRESENT ZONING: _____

HOME OCCUPATION REQUESTED (be specific): _____

LOCATION

Total floor area of principal residential building: _____

Floor area proposed to be used for home occupation: _____

EMPLOYEES

List employee's names and dwelling addresses:

PARKING

Number of off-street parking spaces available in driveway: _____

Describe the type and size of commercial vehicles to be parked in the driveway:

SALE OF GOODS

Specify any commodities to be sold: _____

_____	_____	_____
Applicant's Signature	Print Name	Date
_____	_____	_____
Owner's Signature	Print Name	Date

NOTE: By affixing signatures to this application form, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.