

**Department of Community Development**

Phone: (636) 498-6565 Fax: (636) 498-6575

**HOME OCCUPATION REQUEST**

Application No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Filed: \_\_\_\_\_

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**OWNERSHIP INFORMATION:**

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of Applicant(s): \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**ZONING INFORMATION:**

Current Zoning: \_\_\_\_\_

**HOME OCCUPATION REQUESTED: (be specific about the nature of the business)**

\_\_\_\_\_  
\_\_\_\_\_

Total floor area of principal building: \_\_\_\_\_ Floor area to be used for home occupation: \_\_\_\_\_

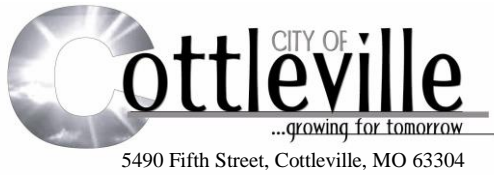
List employee's name and addresses: \_\_\_\_\_  
\_\_\_\_\_

Number of off-street parking spaces available in driveway: \_\_\_\_\_

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

Specify any commodities to be sold: \_\_\_\_\_

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**APPLICATION AGREEMENT:**

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 below signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.

\_\_\_\_\_  
Applicant's Signature                      Print Name

\_\_\_\_\_  
Date

This application is made with my full knowledge and consent.

\_\_\_\_\_  
Owner's Signature                      Print Name

\_\_\_\_\_  
Date

**CITY OF COTTLEVILLE OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Cash/Check Number: \_\_\_\_\_

Fee Receipt: \_\_\_\_\_

Notes: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

City Administrator:              Approval              Denial

Date: \_\_\_\_\_