



HOME OCCUPATION REQUEST

\$250.00 non refundable fee (cash/check)

Application No.: _____ Date Received: _____ Date Filed: _____

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)

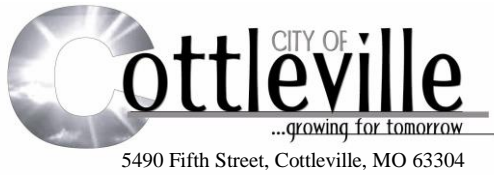
Total floor area of principal building: _____ Floor area to be used for home occupation: _____

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: _____



Department of Community Development

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

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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: _____

City Administrator Signature: _____ **& City Clerk Signature:** _____