

RESIDENTIAL ZONING PERMIT FOR A HOME OCCUPATION

Property Location: \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe activity as completely as possible: \_\_\_\_\_

\_\_\_\_\_

1. Is the activity clearly incidental and secondary to the residential use of the premises? \_\_\_\_\_
2. Will the exterior residential character of the dwelling and accessory structures be changed? \_\_\_\_\_
3. Is the activity to be conducted primarily by the resident occupant and not more than 3 non-resident employees? \_\_\_\_\_
4. Will you have any on street parking? \_\_\_\_\_
5. Will there be more than 4 parking spaces dedicated to the use of the activity? \_\_\_\_\_
6. Will the activity create noise? \_\_\_\_\_ odor? \_\_\_\_\_ traffic? \_\_\_\_\_  
or any other condition noticeable off the premises? \_\_\_\_\_
7. What percentage of the finished floor area of the dwelling will be utilized for the occupation? \_\_\_\_\_
8. Will any accessory building(s) be utilized for the occupation? \_\_\_\_\_
9. Will you be installing any new signs for the occupation? \_\_\_\_\_ Describe: \_\_\_\_\_

**I agree that the above information is accurate.**

Owner's Name (Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I have inspected the premises of the proposed home occupation activity and agree that it qualifies for a home occupation.

\_\_\_\_\_ I have not inspected the premises of the proposed home occupation activity (inspection was not required) and agree that it qualifies for a home occupation.

Zoning Enforcement Officer (Print): \_\_\_\_\_

Zoning Enforcement Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Paid: Cash Receipt # \_\_\_\_\_