

REQUEST FOR HOME OCCUPATION

ZONING FILE # _____
DATE: _____

I, (We), _____ of _____
(name) (mailing address)

Daytime Phone Number _____

respectfully request approval for the following Home Occupation.

The premises affected are located at _____ in Zone District _____.
(address)

Legal description of the property involved in this appeal: _____

(attach separate sheet, if necessary)

Has any previous applications for Home Occupation, Variance or Conditional Use been filed in connection with these premises? ___Yes ___No If yes, briefly describe the request and date the application was filed.

(attach separate sheet, if necessary)

What is applicant's interest in the premises affected? _____
(IE: owner, renter, other)

Applicant resides at the property as their primary address: Yes _____ No _____

Proposed business name: _____

Names of others vested in the business: _____
(IE: partners, financial investors –other than a bank)

Number of employees and indicate if they reside at the address: _____

Describe the purpose of the business: _____

Will there be goods manufactured on site? ___Yes ___No If yes, describe manufacturing process:

Will there be goods or products sold on site as either retail or wholesale? ___ Yes ___No

Describe the type of products and estimation of quantities to be sold. _____

Estimated size or square footage portion of residence to be used as business: _____

If the business is not fully contained within the house, please explain: _____

Days/Hours of operation: _____

Average number of clients/customers expected per day: _____

Describe the arrangement for off street parking for clients/customers. _____

Plot plan for parking attached () yes () no.

PLEASE ATTACH A SEPARATE STATEMENT/LETTER STATING WHY THIS BUSINESS SHOULD BE PERMITTED IN A RESIDENTIAL AREA RATHER THAN BEING LOCATED IN A COMMERCIAL ZONED DISTRICT.

I (We) further state that if this request is granted, I (We) will notify the city of any significant changes in the business operation as described above and may be subject to review of qualification of Home Occupation.

Date: _____

Signature of applicant

Signature of applicant

Decision of the Planning & Development Staff: ____ Approved ____ Denied

Comments: _____

Planning Staff

Date