

Home Occupation Application

To be used for approval of a home-based business.

Updated: 11/14/2022

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		Application Number:		
ADDI ICANI	T/OM/NED INCODMA	Parcel Number:		
	T/OWNER INFORMAT			
Business/Res	idence Address/City/Zip:			
Phone:		Email:		
BUSINESS	/SITE INFORMATION			
		ired if you answered "yes" to any of the following questions, provided the home occupation wo Family and ${\bf RR}$ – Rural Residential Districts.		
Description o	of Business:			
Sq. Footage of Residence:		Sq. Footage of Business:		
Current Zoning:		Hours of Operation:		
No. of Employees:		No. of Customers per Day:		
Location of B	usiness within Residence:			
☐ No	Will interior or exterior modifications be needed to accommodate the business? No Yes, explain:			
☐ No	litional off-street parking spaces be explain:			
☐ No	re be an increase in the use of pu	blic utilities (water, sewer, electricity, garbage)?		

4.	Will deliveries be made to-and-from the home with a vehicle exceeding 15,000 GVW? No Yes, explain:				
5.	Will there be direct sales of products within the dwelling? No Yes, explain:				
6.	Will the business generate noise, vibration or odor detectable off the property? No Yes, explain:				
7.	Will the business be advertised to the general public (signs, website, phone number, ads, commercials)? No Yes, explain:				
8.	Will the business be conducted entirely within the dwelling? No Yes, explain:				
SUBI	MITTED				
Prir	nted Name	Signature	Date		
0	DFFICE USE				

