



HOME OCCUPATION

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Application Number: _____ Parcel Number: _____

Applicant/Owner Information

Owner _____ Business Name _____

Address of Business/Residence _____

Phone _____ Email _____

Owner Signature _____ Date _____

Business/Site Information

Note: A Conditional Use Permit may be required if you answered "yes" to any of the following questions, provided the home occupation is located within an R-1 – Single Family Residential District. A "yes" in any other zoning district may be cause for denial.

Description of Business _____

Square Footage of Residence _____ Square Footage of Business _____

Current Zoning _____ Hours of Operation _____

Number of employees _____ Number of customers per day _____

Location of business within residence _____

- 1) Will interior or exterior modifications be needed to accommodate the business?
 No
 Yes, explain. _____

- 2) Will additional off-street parking spaces be needed?
 No
 Yes, explain. _____

- 3) Will there be an increase in the use of public utilities (water, sewer, electricity, garbage)?
 No
 Yes, explain. _____

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?

Yes

No, explain. _____

For Office Use Only:

Amount Paid _____ Date Paid _____ Receipt # _____