

Home Occupation Application

Date: _____

Municipality _____ County: _____

Owner: _____

Site Address: _____

Phone #: _____

Reason for Request and Proposed Use:

Please answer the following:

Is the principal building on the lot a dwelling unit _____

Is the person engaged in the home business a resident of the dwelling unit _____

Is more than 3 persons (other than residents) engaged in the home occupation _____

Is the home occupation incidental and subordinate to the residential use _____

Is more than 25% of the floor area of the dwelling unit used for the home occupation _____

Is an accessory structure being utilized for the home occupation _____

Does the home occupation occupy and area of the accessory structure more than 50% of the principal structure _____

Will the home occupation require alterations to the dwelling _____

Will any process be used which is or could be hazardous to public health, safety, morals or welfare _____

Will there be any noxious, toxic or offensive odors or any corrosive fumes _____

Will there be any excessive deliveries or visitors which might the residential character of the zoning district _____

The applicant certifies that all information on this application is correct. Issuance of a permit and approval shall not be construed as authority to violate, cancel or set aside any provisions of the Zoning Ordinances of the municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either.

I certify that the Zoning Officer shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Date

Signature of Zoning Officer

Date

Approved/Denied

Notes regarding denial or approval
