

IN-HOME OCCUPATION ZONING FORM

- I. a. Will your home occupation be conducted entirely within the dwelling?

Yes____ No____ If no, please explain.

- b. Will there be any other employees other than inhabitants of the dwelling?

Yes____ No____ If yes, please explain.

- c. Will the home occupation change the residential character of the building?

Yes____ No____ If yes, please explain.

- d. Will your home occupation occupy more than 25% of the floor area of the residence?

Yes____ No____ If yes please explain.

- e. Will the home occupation display or store merchandise, materials, or equipment outside of the home?

Yes____ No____ If yes, please explain.

- II. a. Will there be a need for additional parking or vehicle traffic?

Yes____ No____ If yes, please explain.

- b. Will there be any direct sales of products or merchandise from the residence? (Will there be customers at your home?)

Yes____ No____ If yes, please explain.

- c. Will commercial delivery (UPS, etc.) vehicles be coming to your residence?

Yes____ No____ If yes, please explain.

- d. Will any equipment or process be used in the home occupation which will create noise, vibrations, glare, fumes, odors perceptible outside of the dwelling unit, or cause any electrical interference in any radio or television receivers off the property?

Yes____ No____ If yes, please explain.

- e. Will there be any signs for your home occupation?

Yes____ No____ If yes, please explain.

- f. Proposed Business: (please describe)

- g. If your business will be done in another location other than your residence what specific activities will take place at your residence? (paperwork, phone calls, etc.)

- h. If you are renting the home please list who you are renting from:

Signature of Applicant:_____

Date:_____

City Planner

Date