



Home & Household Occupation/Home Based Business Permit Application

Completed by Staff:

Date: _____ Permit#: _____ Fee: _____ Check#: _____

Zoning District: _____ Township: _____ Section: _____ Parcel(s): _____

Legal Description of Property: _____

Name of Business Person(s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Describe Nature of Proposed Business: _____

Will the business be of Service/Retail in nature? Circle One: YES/NO Percent Retail: _____

Will the business be of Light Industrial/Storage? Circle One: YES/NO

Where will the proposed business be carried out? Circle One: **Residence** **Accessory Building** **Both**

Floor area (sq. ft) of the building(s) used for the business: _____

How many employees will you have that are not residents of the dwelling? _____

Will there be any outdoor displays, noise, odors, outdoor storage, electrical disturbance or vehicular traffic created that would make it evident that the proposed business was being carried out in the residence/accessory building? Circle One: YES/NO

Please explain: _____

How many off-street parking spaces do you have designated for the business? _____



What will be the average increase in vehicle traffic per week and what type(s) of vehicles will be coming to the premises? _____

What types of equipment do you intend to use for the business? _____

Will you have any signs advertising the proposed business? Circle One: YES/NO

If yes, how large (sq. ft.), where will it be displayed and will it be lighted? _____

Are there any residences within 500' of your accessory building for the business? Circle One: YES/NO
If yes, please list: (Add additional names and addresses on separate sheet)

Name Address Phone #

Name Address Phone #

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY PAPERS OR PLANS SUBMITTED HERewith ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE MY CONSENT FOR THE ZONING DEPT. PERSONNEL TO GO ONTO THE PROPERTY TO TAKE PICTURES AND INSPECT THE SUBJECT PROPERTY AT ANY TIME TO VERIFY THAT ALL COUNTY REGULATIONS ARE BEING FOLLOWED.

I understand that this permit can be revoked if any of my statements are not true or if the business changes beyond what is allowed by the ordinance. A signed site plan has been provided with this application.

Signed Date Signed Date

Office Use Only

Approved: Yes/No