Home Occupation Application - Electronic Submission

Left
CategoriesForms, Permits, and Applications List
Occupant's Name: *
Full Name

Business Name: *
Phone Number: *
Physical Address: *
City/State/Zip: *
Mailing Address:
If different from physical

City/State/Zip Code:
Fax Number:
Email address:
FID or Social Security Number: *
Description of Proposed Home Occupation: *

Agreement
*I certify that my home occupation will be conducted entirely within my residence.

*I certify that my home occupation will be without employment of additional persons, without the installation of machinery or additional equipment.

*I certify that the home occupation will not cause the generation of pedestrian and vehicular traffic.

* I certify that the residential character of the lot and dwelling will be maintained.

* I certify that the exterior of the dwelling will not be structurally altered and no additional buildings will be added on the property to accommodate the home occupation.

* I certify that the home occupation will not produce external noise, vibration, smoke, odor fumes, electrical interference or waste run-off outside the dwelling unit or on the property surrounding the dwelling unit.

* I certify that no vehicle used in connection with the home occupation that requires a commercial driver's license to operate shall be parked on any street adjacent to the property.

* I certify that no signage will be placed on my property regarding the home occupation.

TERMS OF ACCEPTANCE and SIGNATURE
I, the applicant for this Permit Extension, warrant the truthfulness of the information provided in this application and understand that if any of the information is incorrect, the permit shall be revoked by the Building Official.

My signature herein acknowledges that I have read and understand the requirements for having a Home Occupation. I also understand that if my Home Occupation violates any of the above requirements, the Home Occupation Permit may be revoked without notice.

Signature: *
Please type your First and Last Name

❏ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Acknowledgment Box must be selected

(If you're a human, don't change the following field) Enter your name: 4988014924988
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: b53f3d6b
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: e20fe08fe2
Your first name.
Please enable Javascript to use this form. Submit

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