



HOME OCCUPATION USE PERMIT

1. NAME OF APPLICANT _____

ADDRESS _____

2. NAME OF OWNER _____

ADDRESS _____

3. ZONING DISTRICT _____

4. DESCRIPTION OF
BUSINESS ACTIVITY _____

5. LIST ANY CHANGES OR IMPROVEMENTS THAT WILL BE NECESSARY TO
ACCOMMODATE THIS OCCUPATION

SIGNATURE OF APPLICANT _____

Date

PERMIT NUMBER _____

ZONING OFFICER'S SIGNATURE

Date

FEE: \$50.00