

APPLICATION FOR HOME OCCUPATIONS
TYPE A AND TYPE B

Applicant's Name _____

Address _____

Phone number (home) _____ **(business)** _____

Nature of business _____

Indicate the area and percentage of the dwelling that will be used for the business:

Hours of operation _____ **Number of employees (other than applicant)** _____

Number and type of vehicle and/or equipment used in the business _____

Where will the vehicle and/or equipment be stored _____

Number of parking spaces to be used for the business _____

Will there be customers coming to the house _____ **If so, how many customers, on average, will come to the house. Please indicate if the number is per day or per week** _____

Will a sign be required for this business _____ **If so, please obtain a copy of Section 606 of the Zoning Resolution.**

Please make sure you have obtained a copy of Section 405 (F), Section 903, and Section 904 (A) of the Zoning Resolution prior to leaving the Zoning Office.

The Zoning Administrator will review this application to determine if a Type A or Type B Home Occupation is needed. If it is determined that a Type B Home Occupation is needed, the applicant will be instructed on the process for making application to the Board of Zoning Appeals. The Zoning Administrator only has the authority to issue Type A Home Occupation Permits.

For office use:

Type A ____ **B** ____

Nicole Wilkinson
Zoning Administrator

Date