

Tax Record # \_\_\_\_\_  
PIN # \_\_\_\_\_



## CUSTOMARY HOME OCCUPATION APPLICATION

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property is zoned \_\_\_\_\_ and contains \_\_\_\_\_ acres.

Business Name: \_\_\_\_\_

Describe Business: \_\_\_\_\_

Do you own the home?  Yes  No

If no, who is the owner? \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's phone: \_\_\_\_\_

Number of employees/partners not residing in the home: \_\_\_\_\_

Will customers or groups of people come to your home to obtain your services or products?  Yes  No If yes, how many at one time? \_\_\_\_\_

Type of vehicle used for business, if any: \_\_\_\_\_

Will any business activity be conducted in the yard area?  Yes  No

Will any business activity utilize an accessory structure?  Yes  No

Will the only products sold on the property be products made on the property?  
 Yes  No

Will machinery that causes noise or other interferences in radio and television reception be utilized?  Yes  No

Will chemical, electrical, or mechanical equipment that is not typical household equipment be used for the business?  Yes  No

I have answered the above questions to the best of my knowledge, and the proposed Home Occupation will be incidental to the use of my home.

Applicant Signature: \_\_\_\_\_