



# Home Occupation Permit Application

**NOTE:** No application shall be considered complete unless all the following information is attached. The Zoning Officer may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request.

\*\*\*Please PRINT the following information clearly:

STREET #	ADDRESS	SUBDIVISION	LOT #
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**Business Name:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Tax Map Parcel Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit. I hereby certify that I have read and completely understand as well as agree to all terms under the General Regulations for Customary Home Occupations form.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date