

HOME OCCUPATION ASSESSMENT FORM

I, _____; hereby request to operate
(Print Full Name)

_____ at the following location:
(Type of Business Activity)

_____ Phone Number: (____) _____
(Street Address of Residence)

Dwelling Type: _____ Single Family Detached Home
_____ Duplex
_____ Multi-Family (i.e. Apartments)

Characteristics of Activity

1. Does the activity involve the sale of products or delivery of services at the residential address specified above? _____ (If yes, explain) _____

2. Does the activity involve assembly or manufacture of products at the address specified above? _____ (If yes, explain) _____

3. Does the activity involve distribution, reception, or storage of materials or products at the address specified above: _____ (If yes, explain) _____

4. Total number of persons who provide assistance at the address listed above or are employed in the activity: _____. (If any) Are they paid or volunteers? _____

5. Number of persons listed in the question above (number 4) who are not full time residents at the subject address: _____.

6. Number of available parking spaces (minimum 9'x18' per space): _____.
NOTE – ON STREET PARKING AND/OR PARKING ON ADJACENT LOT(S) DO NOT QUALIFY.

7. Estimated number of trips (visits) per day from persons (patrons) requesting products or services: _____; Do trips overlap? (If yes, explain) _____

8. Will the activity be visible from any adjacent street or property line of the address listed by you on the reverse of this form? _____ (If yes, explain) _____

9. Will the activity require advertisements? _____ (If yes, explain) _____

10. Will the activity generate noise, odor, fumes, smoke, or other similar characteristics at the address listed by you on the reverse of this form? _____ (If yes, explain) _____

11. Number of vehicles and/or trailers used in connection with the activity that will be parked or stored at the address listed by you on the reverse of this form: _____.

Description of each: _____.

12. Describe the specific areas (rooms), within the dwelling where the activity will be conducted:

13. Describe the method of operation: _____

The aforesaid is a complete description of the proposed activity. I agree to amend the assessment form and resubmit the same for reconsideration and approval prior to any change in the activity as listed under items 1-13 above.

I further understand that a special use permit of the Board of Adjustment may be required prior to any operation of the activity.

Signature _____

Date ____ / ____ / ____