



No. _____
\$ 20.00 FEE

HOME OCCUPATION APPLICATION

NOTE: This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicants discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: _____ DATE: ___/___/___

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____

STATUS OF APPLICANT: _____
(Owner, renter, potential owner, etc.)

OWNER (If not applicant): _____

ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____

NOTE: If the property owner(s) is (are) not the applicant(s), a notarized statement signed by the owner(s) which states that they have no objection to the proposed home occupation shall be attached to this application.

LOCATION OF HOME OCCUPATION: _____
(Address)

TYPE OF BUSINESS: _____

What type of product will be produced, serviced, or repaired in the conduct of your Home Occupation? (For example: repair of clocks or watches, making jewelry, etc.)

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How many persons will be involved or employed in the conduct of the proposed occupation:
Members of immediate family _____ Others _____ Total Number _____.

Describe any alterations to the home or premises that might be required to facilitate your Home Occupation.

Describe what rooms will be used in the conduct of the Home Occupation and how these rooms will be used. (For example: garage will be used to store supplies, or den will contain desk and file cabinets, etc.)

Describe the mechanical and/or electrical equipment that will be necessary to the conduct of your activity.

Describe how, where, and in what amounts the material, supplies, and/or equipment related to your Home Occupation will be displayed or stored.

Will there be any retailing or wholesaling of merchandise, supplies, or products conducted on the premises?

Yes _____ No _____

Will people come to your home to utilize any service connected with the proposed Home Occupation activity?

Yes _____ No _____ If yes, explain in detail:

Are any signs necessary or proposed related to your Home Occupation? Yes _____ No _____

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If trucks or other equipment will be used in your Home Occupation, where will they be parked or stored?

Will the Home Occupation involve the use of commercial vehicles for delivery of materials to or from the premises?

Yes _____ No _____ If yes, please explain: _____

Is your proposed Home Occupation in conformance with conditions, covenants and restrictions pertaining to your property?

Yes _____ No _____

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THE PERSON WHOSE NAME APPEARS ON THIS APPLICATION HAS STATED THAT HE/SHE WILL ABIDE BY THE CONDITIONS AS STATED IN THE ZONING ORDINANCE, SECTION 703.1 HOME OCCUPATIONS, FOR THE CITY OF STERLING. IF THESE PERFORMANCE STANDARDS ARE NOT MET, THE CITY MAY CLOSE HIS/HER PLACE OF BUSINESS.

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

PROPERTY OWNER'S SIGNATURE: _____ DATE: ___/___/___

FOR DEPARTMENT USE ONLY

APPLICATION FEE:\$_____ PAID:___/___/___ FEE RECEIPT #:_____

LEGAL DESCRIPTION OF PROPERTY: _____

ZONING DISTRICT : _____

RECEIVED BY: _____ DATE: ___/___/___