

HOME OCCUPATION TYPE B PERMIT APPLICATION

Application Date: _____

Site Address: _____

Owner/Operator of Home Business: _____

Work Phone: _____ Home Phone: _____

Owner of Property: _____

Address of Owner: _____
(if different than site address)

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Description of Home Occupation:

Floor area of dwelling unit: _____

Area in S.F. devoted to home occupation: _____

Explain how a person with disabilities could access the area or how a like service could be offered at another site.

Signature of Applicant: _____

