**APPLICATION FOR HOME OCCUPATION**

## CITY OF CONSISTENCY PLANNING DEPARTMENT

*333 Admin Drive, Consistency, AL 00000*

*(333) 333-3333/FAX (331) 333-3331*

[*www.xxxxxxxx.xxx*](http://www.xxxxxxxx.xxx/)

# APPLICANT NAME

|  |  |
| --- | --- |
| *--OFFICE USE ONLY--* | |
| SITE ADDRESS: | |
| CURRENT ZONING DISTRICT: | |
| CASE # | XREF CASES: |
| DATE APPROVED: | DATE DENIED: |
| CONDITIONS OF APPROVAL: | |
|  |  |

ADDRESS

DAYTIME TELEPHONE

EMAIL

DATE OF APPLICATION

**APPLICANT MUST SUPPLY EITHER A COPY OF DEED OR A NOTARIZED LETTER FROM LANDLORD GRANTING PERMISSION FOR A HOME OCCUPATION**

## ANSWER ALL QUESTIONS CAREFULLY AND COMPLETELY:

Do you live at the address listed above?

Does anyone else living at the above address have an approved home occupation in this residence? What specific type(s) of service and/or product will you provide through this business?

What is the approximate floor area of your home? sq. ft.

How much of this area will be used for the home occupation? sq. ft. (25% or 500 sq. ft. maximum) Will the outside appearance of the residence be altered to accommodate the business? If so, explain:

Will these activities be carried out inside your home? If no, where?

Will customers or clients visit your home in connection with your business?

How many people other than yourself will work for this business on the premises? Will merchandise be sold from the premises? If so, explain:

What materials, supplies, equipment and/or vehicles will be used for the business? Where will they be stored? How will they be transported to and from the business? How many trips per day will you (and any partners) make to and from the business? 0-5 6-10 11 or more How many off-street parking spaces are available for your residence?

I, the applicant, understand and agree to the conditions for approval of my home occupation use, as set forth in the City of Consistency Zoning Ordinance. All of the above facts are true and correct to the best of my knowledge. I will inform the Planning & Inspections Department of a change in location or any other change in my business relating to these requirements.

|  |  |
| --- | --- |
| APPLICANT NAME (please print): | DATE: |
| APPLICANT'S SIGNATURE: |

Received by: Date:

**HO**

Revised 08/17