

APPLICATION FOR HOME OCCUPATION
Department of Community Development – Planning Division
320 East McCarty Street – Room 120
Jefferson City, Missouri 65101
Phone (573) 634-6410 Fax (573) 634-6457

1. Applicant Name(s): _____
2. Street address of home occupation: _____
3. Telephone No. (Business) _____ (Residence) _____
4. Name of business (if named) _____
5. Describe type or nature of business _____
6. a. Do you reside at the above address? _____ No _____ Yes
b. If no, where do you reside? _____
7. a. Are you the owner of this property? _____ No _____ Yes
b. If no, indicate the name, address and phone number of the owner _____
8. If an existing business, how long at this address? _____
9. Other home occupations at this address (please list): _____
10. a. How many persons will be involved or employed in the conduct of the proposed occupation: Full-time residents of the dwelling: ____ Others: ____ Total: ____
11. a. Do you have employees? _____ No _____ Yes
b. If yes, number of employees _____
c. If yes, where will employees report for work? _____
d. Will employees come to the residence? _____ Yes _____ No
e. How often will employees come to the residence? _____
12. What days will the home occupation be operated? _____
13. What are the hours of operation of the home occupation? _____
14. a. What mechanical, electrical or other equipment is used in the home occupation?

b. Location where such equipment is used: _____
c. Location where such equipment is stored: _____
d. Does equipment require special mechanical, electrical or plumbing? ____ No ____ Yes
15. a. What materials, supplies, substances or chemicals are used in the home occupation?

b. Location where materials, supplies, substances or chemicals are stored: _____
16. Type of customer/client contact to obtain product or utilize service (check all that apply):
a. _____ Telephone, internet, or by mail
b. _____ Off-site, at client's home or place of business
c. _____ At your home; please explain _____
17. If people will come to your home to obtain products or services,
a. How many per day? _____ b. How many per week? _____
c. How many people at one time (groups)? _____
d. Where will they park their vehicles? _____
18. a. Will you receive any deliveries for the home occupation? ____ No ____ Yes
b. If yes, how many deliveries will be received each week? _____
c. If yes, name the carrier and type of vehicle: _____
19. a. Number, type and license number of vehicles or trailers used in your home occupation?

b. Where will they be parked? _____
20. List all work and storage areas used for the home occupation and square footage:
a. Inside the residence: _____
b. In accessory buildings: _____
c. Other (describe) _____
21. Please indicate the total floor area of the residence: _____
22. a. Do you intend to advertise your home occupation? ____ No ____ Yes
b. If yes, please explain _____

Attachments: I have attached a floor plan, site plan or photo which shows:

- Accessory buildings to be used, including location and dimensions;
- Interior floor plan of residence, noting areas used for the home occupation.

Applicant's Certification. I certify that the information contained in this application is complete and accurately represents my home occupation. I have read Section 35-41.B.12 of the Jefferson City Zoning Code (standards for the conduct of home occupations) and agree to operate my home occupation in conformity with these standards.

Applicant's Signature: _____ **Date:** _____

Property Owner's Certification. If the applicant is not the property owner, a property owner must complete this section and signature be notarized: I certify that I am the owner of the property reference in Item #2 above, and I hereby grant permission to the Applicant to operate the home occupation described in this application upon the reference property. (Only one property owner is required to sign).

Property Owner Name (type or print)

Property Owner Signature

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

Do not write below this line – for City use only

Zoning District: _____

Fee Paid/Check No. _____

List other home occupations at this address: _____

If APPROVED this application becomes the HOME OCCUPATION PERMIT. A home occupation permit shall be valid for one year and shall be renewed at the same time the city business license is renewed. Applicants denied home occupation permits may appeal to the Board of Adjustment in accordance with Section 35-73 of the Zoning Code.

DENIED
This application for home occupation permit **does not conform** to Section 35-41.B.12 and is **DENIED** for the following reason(s):

By _____

Date _____

APPROVED
 CONDITIONALLY APPROVED
This application for home occupation permit conforms to Section 35-41.B.12 and is approved subject to the following conditions:

By _____

Date _____