

SPECIAL USE PERMIT

HOME OCCUPATION

APPLICANT _____ **PHONE**(_____)_____

ADDRESS _____

HOME OCCUPATION (NATURE OF BUSINESS)

NUMBER OF EMPLOYEES _____

WILL HOME OCCUPATION CREATE ANY NOISE, VIBRATION, GLARE, FUMES, ODORS, OR ELECTRICAL INTERFERENCE_____

OUTWARD APPEARANCE OF HOME OCCUPATION ON HEIGHBORHOOD

PRESENT ZONING_____

ADJACENT PROPERTY OWNERS (Letter of Consent from 75% of residents within 200 ft. required)

NORTH_____

SOUTH_____

EAST_____

WEST_____