



HOME OCCUPATION
ZONING VERIFICATION QUESTIONNAIRE

1. Please describe the nature of your home occupation.

2. Will more than one (1) person, in addition to members of the immediate family living at the residence, be employed by said home occupation?
Yes No

3. Do you anticipate more than two (2) customers of the business on the premises at any one time?
Yes No

4. Will the home occupation be conducted entirely within the principal residential building or in a permitted private garage accessory thereto?
Yes No

5. What percentage of the dwelling unit/home will be devoted to the home occupation? And, what does that space look like? An office? A workshop? Etc.

6. Will any alterations of the principal residential building proposed? If yes, please describe.

7. Will there be any commercial trucks parked in your driveway overnight? If yes, please describe.

8. Will any manufacturing or processing of any sort take place at the residence? If yes, please describe.

9. Will there be any mechanical or electrical equipment used for the home occupation, other than such types as are customary for purely domestic, household, or hobby purposes?

10. Will any wholesale, jobbing or retail business be conducted on site other than by mail, telephone, or electronically?

11. Will there be any outdoor storage of equipment or materials used in the home occupation? An indoor storage? If yes, please describe.