Planning & Zoning Department
100 Dayton St, 2nd Floor
Yellow Springs, OH 45387
(937) 767-1702

Permit Application:
Home Occupation

[FOR OFFICE USE ONLY]

Permit #:_____

Application Received:_____

Applicant Information

Property Address:					
Property Owner:		**Phone:**		**Email:**	
Mailing Address:					
Applicant Name:		**Phone:**		**Email:**	

Project Information

Business Name: _____

Description of Proposed Home Business: _____

_____

Days/Hours of Operation: _____ **Will Clients visit the site?** ☐ Yes ☐ No

Gross Sq. Ft of Home: _____ **Sq. Ft dedicated to Business:** _____

Anticipated number of onsite customers per day: _____ **Anticipated number of deliveries per day:** _____

How Many Employees, aside of resident(s) will work onsite? _____

Are there vehicles dedicated specifically to the Home Occupation? Yes ☐ No ☐ **If so, indicate the number here:**_____

If Yes, how will they be stored? _____

Does the Home Occupation require any special equipment? Yes ☐ No ☐

If yes, please describe: _____

Will there be a sign advertising the Home Occupation? (If Yes, a Sign Permit is Required) Yes ☐ No ☐

Site Plan Attached (Required): Yes ☐ **Sign Permit Application, Copy and Drawings Attached (if applicable):** Yes ☐ No ☐

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other Village regulations which are not specifically the subject of this application. I understand that I remain responsible for satisfying requirements of any private restrictions of covenants appurtenant to the property.

I, the undersigned do hereby certify that I am the applicant, and the information and statements given on this application, drawings, and specifications are to the best of my/our knowledge, true and correct. I understand that the Village is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this Zoning permit as determined by the Village. I further certify that I am the Owner, or the lessee, or agent, fully authorized by the owner to make this submission. I certify that statements made to me about the time required to process this application are general estimations and not binding. Further, I understand that it may be necessary for the Village to request additional information and clarification after I have submitted this application and accompanying documentation.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Conditional Use Fee: $_____	**Payment Type:** ☐ Check | ☐ Cash | ☐ Card	Approved ☐ | Denied ☐
Other fees: $_____	**Zoning District:**	**SEE ATTACHED LETTER FOR CONDITIONS**
	PC/BZA Hearing Date:	**PC/BZA Case #:**
Total $	Zoning Official Name and Title	Date