



**Home Occupation Permit Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ I have lived at this address since: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_

**I have read and understand the zoning ordinance regulations regarding home occupations in the City of Grandview and agree to comply with these performance standards and all applicable city codes pertaining to the operation of a home occupation. I understand the occupational license and home occupation permit issued by the City are issued to me at the above address and are not transferable. Any change of location of the home occupation shall be approved in advance by the Department of Community Development.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY:**

Zoning District \_\_\_\_\_ Permit No. \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: