



HOME OCCUPATION PERMIT APPLICATION

Name: _____ Date of Birth: _____

Drivers License 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: _____

BELOW TO BE COMPLETED BY CITY STAFF

Zoning District: _____ Permit No: _____

Authorizing Signature: _____ Date: _____

COMMENTS: