

**Applicant Information:** *(Property Owner)*

Form No. \_\_\_\_\_ -HO

_____	_____	_____	_____
Last Name	First Name	Home Phone	Cell/Work Phone
_____		IA	_____
Address	City	State	Zip

**General Property Location:**

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township Name: \_\_\_\_\_ Parcel Identification No. \_\_\_\_\_

**Current Land Use:**

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Agriculture-crop production   | <input type="checkbox"/> Residential (non-farm) | <input type="checkbox"/> Vacant     | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Agriculture-pasture/livestock | <input type="checkbox"/> Farmstead              | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial    |

**Current Zoning:** \_\_\_\_\_ **Lot Area:** \_\_\_\_\_

**Proposed Home Occupation:** \_\_\_\_\_

**Name of Business/Occupation:** \_\_\_\_\_

**Describe type of work or use:** \_\_\_\_\_

Materials and Supplies	Area Needed for Storage	Area Needed for Sales	Hazardous or Nuisance Possibility (ie, noise, traffic, smell)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Number of persons employed:** \_\_\_\_\_

**Proposed advertising signage:** *(type, location, size, text)* \_\_\_\_\_

**Estimated number of customer trips per day:** \_\_\_\_\_

**Site Plan Required for Home Occupation**  
*Located in an Accessory Structure:*

Attach a Site Plan drawn to scale showing the following:

1. North arrow and scale.
2. All lot lines and other dimension lines as necessary.
3. Use of existing and proposed structures.
4. All roads, access and private lanes abutting the property.

**Floor Plan Required for Home Occupation**  
*Located in a Residence:*

Attach a Floor Plan drawn to scale showing the following:

1. North arrow and scale.
2. Dimensions and uses of all rooms.
3. Location of all Home Occupation use areas.
4. Indicate the front of the building, entrances and parking areas.

- PERMITS REQUIRED BY THE COUNTY SANITARIAN, SECONDARY ROADS OFFICE AND/OR OTHER REQUIRED PERMITS ARE THE RESPONSIBILITY OF THE APPLICANT.
- A FEE CALCULATED AT .002% OF CONSTRUCTION VALUE IS DUE AT TIME OF APPLICATION.

**THE UNDERSIGNED APPLICANT CERTIFIES UNDER OATH THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.**

_____	_____	_____	_____
<b>Owner</b>	<b>Date</b>	<i>Agent (if applicable)</i>	<b>Date</b>

**For Office Use Only**

Action on Application	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Fee Assessment: _____
Conditions: _____			Date Paid: _____
			Receipt No.: _____
_____		_____	
Zoning Official Signature		Date	