

PLANNING AND ZONING DEPARTMENT

Pursuant to the Sioux County Zoning Ordinance: Definition 49 is as follows: HOME OCCUPATION: An accessory occupation or profession conducted entirely within a dwelling unit by the inhabitants thereof, and complies with the home occupations requirements as specified in Section 17.4. Section 17.4 can be found in the current Zoning Ordinance beginning on page 78.

<u>APPLICANT INFORMATION: (PROPERTY OWNER)</u>	<u>APPLICANT NO.</u> <i>(to be assigned by Zoning Department Official)</i>
Name: Last, First, Middle Initial _____	
Mailing Address: City / State / Zip _____	Home Phone _____ Cell / Work Phone _____

<u>GENERAL PROPERTY INFORMATION</u>		
Address: City / State / Zip _____	Current Zoning Class _____	Lot Area/Size (Acres) _____
Quarter/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

Proposed Home Occupation: _____
Name of Business/Occupation: _____
Describe type of work or use: _____

<u>Materials and Supplies used on a regular basis</u>	<u>Area Needed for Storage</u>	<u>Area Needed for Sales</u>	<u>% of home used</u>	<u>Hazardous/Nuisance Possibility (ie, noise, traffic, smell)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of persons employed in addition to owner: _____ Estimated number of customer trips per day: _____
Proposed advertising signage: (type, location, size, cost) _____

<u>FOR HOME OCCUPATION LOCATED IN ACCESSORY STRUCTURE:</u> <u>Attach a Site Plan drawn to scale showing the following:</u> <ol style="list-style-type: none"> North arrow and scale. All lot lines and other dimension lines as necessary. Use of existing and proposed structures. All roads, access and private lanes abutting the property. 	<u>FOR HOME OCCUPATION LOCATED WITHIN A RESIDENCE:</u> <u>Attach a Floor Plan drawn to scale showing the following:</u> <ol style="list-style-type: none"> North arrow and scale. Dimensions and uses of all rooms. Location of all Home Occupation use areas. Indicate the front of the building, entrances and parking areas.
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▪ **PERMITS REQUIRED BY THE COUNTY SANITARIAN, SECONDARY ROADS OFFICE AND/OR ANY OTHER PERMITS REQUIRED ARE THE RESPONSIBILITY OF THE APPLICANT.**

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

Owner _____	Date _____	Agent (if applicable) _____	Date _____
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For Office Use Only

Action on Application	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Fee Assessment: \$100.00
Conditions: _____	_____		Date Paid: _____
Permit #: _____ -HOUP	_____		Receipt No.: _____
Zoning Official Signature _____			Date _____