

HOME OCCUPATION APPLICATION

APPLICANT TO COMPLETE THIS AREA: (PLEASE PRINT)

REQUIRED WITH APPLICATION: DATE: _____

- COPY OF YOUR DEED
- COVENANTS & RESTRICTIONS (Supply copy)
- PHOTO ID (Must match name on Deed)
- IF TENANT-LETTER FROM OWNER GIVING PERMISSION

APPLICANT: _____

BUSINESS NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS OCCUPATION TO BE CONDUCTED WITHIN:

_____, _____, _____, _____
(STREET ADDRESS) (CITY) (ST) (ZIP)

BRIEFLY DESCRIBE THE TYPE OF BUSINESS: (Use additional sheet if necessary)

REGULATIONS:

Customary Home Occupation - A customary incidental home occupation is a gainful occupation or profession (including the professional office of an architect, artist, dentist, engineer, lawyer, physician and like professionals, barber, beauty and tailor shops) conducted by members of a family residing on the premises or only one person in addition to those persons residing therein and conducted entirely within the principal dwelling unit. In connection with a home occupation, no stock in trade shall be displayed outside the dwelling, and no alteration to any building shall indicate from the exterior that the building is being utilized in whole or in part for any purpose other than a residential unit, including permitted accessory buildings. An announcement sign of not more than four (4) square feet in area is permitted. Activities that constitute a nuisance to the surrounding area shall not be permitted.

Other Activities - When questions arise regarding the legality of a specific home occupation, the Planning Commission shall determine compliance. Certified notification of intended occupation shall be sent to all property owners within 200 feet and/or adjacent to proposed location, including those across any roadway. Applicant shall be responsible for postal expenses. Notified property owners shall have one (1) month to respond in kind. If deemed necessary, the Planning Commission may require a public hearing be called before rendering an opinion.

County Business License - Approved Home Occupations are required to obtain a Lincoln County business license from the County Clerk's office, Room #102 at the Courthouse.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HE/SHE HAS READ, UNDERSTANDS, AND IS AGREEMENT WITH THE REGULATIONS. FAILURE TO ABIDE BY SAID REGULATIONS OR DEVIATION FROM THE ORIGINAL REVIEW MAY CAUSE A HOME OCCUPATION APPROVAL TO BE MADE NULL AND VOID. FURTHER LEGITIMATE COMPLAINTS WILL BE INVESTIGATED AND MAY CAUSE REVOCATION OF APPROVAL.

_____/_____
APPLICANT'S SIGNATURE / DATE

OFFICIAL USE ONLY:

RECEIVED: _____

APPLICATION COMPLETE: YES NO

ZONING DISTRICT: _____ TAX MAP #: _____ GROUP: _____ PARCEL: _____

DEED PROVIDED YES NO

ANY COVENANTS & RESTRICTIONS YES NO

PHOTO ID PROVIDED YES NO

LETTER OF PERMISSION (IF TENANT) YES NO NOT APPLIED

CUSTOMARY YES NO

OTHER ACTIVITY YES NO

CERTIFIED MAILING COMPLETED YES NO

DATE NOTICES MAILED _____ (Maximum 1 month response for adjacent property owners)

TOTAL NOTICES MAILED _____ RETURNED _____

IN FAVOR _____ OPPOSED _____

PUBLIC HEARING REQUIRED YES NO

COMMENTS: _____

APPROVED: YES NO

REVIEWED BY / DATE