

City of Lanesboro

Home Occupation Application

Please complete all sections of this form, incomplete applications will not be accepted.

The applicant is responsible to all information necessary to describe the Home Occupation and may be required to submit additional information if needed.

1. Property Owner

Name: _____

Address: _____

Phone: _____ Email: _____

2. Applicant (if different than Owner)

Name: _____

Address: _____

Phone: _____ Email: _____

3. Home Occupation Information

Name: _____

Address: _____

Phone: _____ Email: _____

4. Please describe the type of home occupation that you intend to have:

5. Date planned for start of operations:

6. Where will the business be operating within the property (house, garage, other building)?

7. How much space (square footage) does your home occupation occupy?

8. What special equipment does your home occupation require?

9. Do you have any outside storage for your home occupation? If so, please list the materials and/or equipment that are stored outside.

10. Name or title of the home occupation you intend to use?

11. What special mechanical equipment will be used on site as part of this business?

12. What type of solvents, paints, corrosives or other hazardous chemicals will be used in conjunction with this business?

13. Will any outdoor areas or covered parking areas be used for this business? If yes please describe the outdoor areas or covered parking areas to be used.

14. How many members of your family or household will assist you in the business? _____
Describe their services or responsibilities:

15. Will a non-family member participate in this business? If so, describe his/her services, responsibilities and hours:

16. How many people will visit this site each week to deliver or collect items associated with this business?

17. Will the sale of goods or services occur at this address? If yes, please describe.

18. How many vehicles will be used by this business? _____

a. How many of these vehicles will be kept at this address? _____

b. What types of vehicles will be used? _____

c. Where will each of these vehicles be parked during the day? _____

d. Where will each of these vehicles be parked during the night? _____

19. Where on-site will your employee's vehicle be parked?

20. Will any signs be displayed to identify the location of this business? If so, describe the sign and its intended placement.

I understand that a copy of the City of Lanesboro Zoning Ordinance Code is on file, and is available for my review at the City Office. I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge.

Signature

Date

To Be Completed by the City Administrator:

HPC Review

Planning and Zoning Review

City Council Review

Other

Application Approved:

Date

City Administrator