

Date: _____
Application Number: _____

STATEMENT OF USE
Home Occupation

(Licensed Day Care Centers, Home Based Businesses & Customary Home Occupations)

Owner/Agent Name: _____

Owner/Agent Address: _____

Zone: _____ Assessor's Map & Lot: _____

Home Occupation: _____

Description of Activities Related to Home Occupation: _____

Are there any other accessory uses occurring on the property? (If so, explain) _____

Number of Employees: _____

Hours of Operation: _____

CERTIFICATION: I hereby certify that all information stated within is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____
Owner Agent

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____.

Notary Public

REVIEW BY STAFF: Number of Parking Spots Required: _____
Number of Parking Spots Available: _____
Staff Initials: _____ Date: _____