HOME OCCUPATION QUESTIONNAIRE

The following is a questionnaire for Business License applications to complete when the proposed business location will be in their home. The Planning and Building Codes staff will review this information to determine if the business can be termed a “Home Occupation” under Section 15.07 Home Occupations, of the Franklin County Zoning Ordinance. A copy of this section of the Zoning Ordinance is attached.

NAME OF APPLICANT: _______________________________________________
ADDRESS: ________________________________________________________
SIGNATURE: _____________________________ DATE: ___________________

Please answer the following questions in as much detail as possible so that our staff will have adequate information to determine if your business can be approved administratively or if it will require approval by the Board of Zoning Adjustments.

1. What type of business do you operate? ____________________________________
2. What type of work will take place at this location? ____________________________
   _________________________________________________________________

3. Will you have employees working in the home?  Yes _________ No __________
   If “yes”, please list their residence address ____________________________
   _________________________________________________________________
   _________________________________________________________________

4. Where, on your property, will your office area be located? ____________________
   Please indicate square footage of office area: __________________________

5. What is the square footage of your home (and garage/accessory structure if Home occupation is located there)? _________________________________

6. What type of equipment will be used in conjunction with this business at this location?
   _________________________________________________________________

7. Will there be any storage of materials, supplies or goods stored at this address? _________ If so, please list ____________________________
   _________________________________________________________________

8. Will there be customers coming to your home?  Yes ___________ No ________

APPROVED:______  DISAPPROVED:__________
   _________________________________________________________________
   _____________________________ DATE: __________________

5/11/11