



FranklinCounty
PLANNING & BUILDING CODES DEPARTMENT
321 West Main Street
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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: _____
BY _____ DATE: _____