



PERMITTED HOME OCCUPATION REGISTRATION FORM

App Fee: \$0

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Cell: _____ - _____ - _____ E-mail: _____

Property Owner Information *(if different from the Applicant)*

Fee Owner and Consent of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Cell: _____ - _____ - _____ E-mail: _____

General Business Information

Business Name: _____

Type of Business: _____

Business Phone Number: _____ Business Fax Number: _____

Business Operation Information

Number of Employees: _____

Are any of the persons employed living outside of the residence? _____

Hours of Operation: _____

In what part of the principal dwelling structure will the home occupation be located? _____

What percentage of the home will be used for the home occupation? _____

Is there a separate entrance proposed for the home occupation? _____ If yes, please explain. _____

Is there exterior display or storage of supplies or equipment? _____

Is there a commercial vehicle used by the home occupation, which will be stored on the property? _____ If so, please describe the type of vehicle(s). _____

Will customers be coming to the home? _____ If so, how many customers will be served at one time? _____

Is there off-street parking available? _____ If yes, describe the location, capacity, and surface type. _____

Will deliveries be made to the residence?_____ If so, what is the estimated number per week?_____

Are retail sales involved?____ If yes, please explain. _____

Will there be signage displayed for the home occupation?_____
(If so, a sign permit is required meeting the specifications provided within Sect. 16 Signs of the Zoning Ord.)

Please provide any additional information about your home occupation that will help determined if the home occupation complies with the City of Isanti permitted home occupation requirements (*attach additional sheets and information as necessary*).

By signing this application, I declare that all of the information provided to the City of Isanti on this application, or as a part thereof, is true and accurate to the best of my knowledge. I have read the City of Isanti's Zoning Ordinance regulations applicable to Home Occupations, and I agree to abide by all conditions. I understand that violation of the regulations shall be grounds for revocation of the permitted home occupation registration.

Applicant Signature:_____ Date:_____

Property Owner Signature:_____ Date:_____

—STAFF USE ONLY—

Date Received: _____ Date application deemed complete: _____	
Action Taken by Community Development Director/Designee: _____	

_____	_____
Community Development Director/Designee	Date