



Home Occupation Checklist and Agreement of Terms

*This application must be completed in order to receive license
Failure to complete this application in full will result in the application being returned unprocessed*

Name of Business:	
Location:	Current Zone:

Owner of Property
Name:
Address:
City, State, & Zip:
Phone:
Applicant
Name:
Address:
City, State, & Zip:
Phone:

Home Occupation: Any use conducted entirely within a dwelling and carried on by persons residing in the dwelling unit. This accessory use shall be clearly incidental and secondary to the use of the dwelling for dwelling purposes and shall not change the character thereof. The dwelling shall be the principal residence of the occupants. The home occupation shall not include any display, stock in trade, employees or the use of advertising except as provided herein. The home occupation shall not involve the use of any accessory building or yard place outside the main building.

Description of Business and what will take place in the home:

(Please check to indicate whether you comply with these standards involving your business)

Conditions and Terms	Yes	No
The Home Occupation business is owned and operated by a person who resides in the home where the business is located.		
The applicant will be the primary provider of the labor, work, or service provided in the home occupation business.		
A business license for the home occupation shall be obtained from and continually maintained with Milford City.		
I understand that the owner/operator and one other employee can be employed in the conduct of a home occupation at any one time.		
Will there be more than 100 square feet of stock in trade, inventory, or other merchandise to be stored on the premises? If yes please explain:		
Is any of the stock in trade inventory or other merchandise to be stacked higher than 5ft? If yes please explain:		
Do you have any outside storage? If yes please explain:		
Is there visible evidence from the exterior of the dwelling or building indicating that it is being used for any other purpose than that of a dwelling? If yes please explain:		
I understand that tools, items, equipment, or activities conducted within the dwelling which are offensive, or noxious by reason of the emission of odors, smoke, gas, vibration, magnetic interference or noise prohibited.		
The home occupation is clearly incidental and secondary to the primary use of the dwelling for residential purposes. If no explain:		

Conditions and Terms	Yes	No
I understand that the home occupation shall not disrupt the normal residential character of the neighborhood in which the residence is located.		
Will your home occupation business generate pedestrian or vehicular traffic, or parking problems in excess of what is customarily associated with the zone in which the use is located? If yes please explain:		
Are you going to have customers coming to the business? If yes please explain:		
Does this business provide for public assembly or an education facility? If yes please explain:		
Will there be any vehicle repairs or maintenance conducted at the residence? If yes please explain:		
Will there be any building alterations or addition? If yes please explain:		
Other than the business owner's personal transportation, will there be any vehicles or equipment stored on the property? If yes please explain:		
Will the yards surrounding the dwelling and accessory buildings to be used for any activities or storage of any materials associated with the home occupation? If yes please explain:		

If you do not meet the home occupation criteria, you may apply for a Conditional Use Permit.

IMPORTANT: Include a site plan showing parking, existing buildings, access, and floor layout showing the location of the business. *See attached sample.*

NOTICE: FAILURE TO COMPLY WITH THE ABOVE CONDITIONS CAN RESULT IN SUSPENSION OR REVOCATION OF YOUR BUSINESS LICENSE AND IS A CLASS "B" MISDEMEANOR

Applicant's signature indicates agreement to conduct the business in compliance with the above listed uses and Zoning Ordinance. Any operations exceeding or not in compliance with these requirements require Planning approval of an application for Conditional Use Permit prior to the change.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY	Required Approval
Mayor Approval:	
Planning and Zoning Chairman Approval:	
Building Official Approval:	
Fire Chief Approval:	
Health Department Approval:	