



GREENE COUNTY PLANNING & ZONING 940 N  
BOONVILLE, ROOM 305 SPRINGFIELD, MO 65802  
417-868-4005 PHONE 417-868 4175 FAX

Date Received: \_\_\_\_\_  
Fees Paid: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
MS# \_\_\_\_\_

### HOME OCCUPATION APPLICATION

#### PROPERTY OWNER INFORMATION

Owner's Name (Please Print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Home Occupation: \_\_\_\_\_

#### PROPERTY INFORMATION

Address/Location of Property: \_\_\_\_\_

A legal description of the property must be submitted. Is this property located in a subdivision? If so, please give the name of the subdivision: \_\_\_\_\_

1. What is the square footage of the residence, excluding garage area? 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_

TOTAL: \_\_\_\_\_

2. What exterior and/or interior changes to your dwelling would occur as a result of this home occupation?  
\_\_\_\_\_

3. Will the home occupation be housed in new or existing buildings?  New  Existing

4. If an accessory building is used, what is the total square footage of that structure? \_\_\_\_\_

Describe the structure (garage, shed, pole barn, ect.) \_\_\_\_\_

5. What is the total square footage dedicated for use by the home occupation in the residence, garage, and/or accessory building(s)? \_\_\_\_\_

6. List all accessory buildings to be used (i.e.; garage, shed, pole barn, ect.) \_\_\_\_\_

7. Number of persons (other than family members residing on-site) employed for the home occupation: \_\_\_\_\_

8. How many business trips per day do you accept? \_\_\_\_\_

9. Will you have customers come to your business?  Yes  No

If yes, how many and how often? Total Per Hour: \_\_\_\_\_ Total Per Day: \_\_\_\_\_

10. What materials will be stored on-site? \_\_\_\_\_

11. Are any of these hazardous materials?  Yes  No If yes, specify types: \_\_\_\_\_

12. What additional water supply will be required? \_\_\_\_\_

13. What additional wastewater disposal will be required? \_\_\_\_\_

14. Will the business require signage?  Yes  No

15. Will the business require on-site sales of any kind?  Yes  No

I have read and understand the information pertaining to home occupations and, if approved, I agree to stay within said limits. I further agree that the Greene County Zoning Office may elect to make a routine inspection of said home occupation at this site in order to verify compliance with conditions of approval and regulations. Regulations governing Greene County Home Occupations are subject to change and deviations from those regulations could result in revocation of approval.

By signing below I attest that I am the owner for the property involved in this application and that the signatures, statements, and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Authorized Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF PROPERTY OWNER**

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ Day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

**SECTION REVIEW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Date Approved:</b>	<b>Approved By:</b>	<b>File Code no. HO-</b>
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