



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? 1st Floor _____ 2nd 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:

Date Approved:	Approved By:	File Code no. HO-
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