



Greene County Planning & Zoning Office
940 Boonville, Room 305
Springfield, MO 65802
417-868-4005 Phone 417-868-4808 Fax

Date Received: _____
Received By: _____
Fees Paid: _____ Receipt # _____

HOME OCCUPATION APPLICATION

PROPERTY OWNER INFORMATION

Owner's Name (Please Print): _____

Owner's Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Description of the 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 name of 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 building(s)? _____
4. If an accessory building is used, what is the **total** square footage of that structure? _____
Describe the structure (garage, shed, pole barn, etc.) _____
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, etc.) and **total** square footage for each:

7. Number of person (other than family members residing on-site) employed for the home occupation? _____
8. How many business trips per day do you expect? _____
9. Will you have customers come to your business? _____
If so, how many and how often? Total Per Hour _____ Total Per Day _____
10. What materials will be stored on-site? _____
11. 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 Green 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-
----------------	--------------	--------------------