City of Lanesboro

Home Occupation Application

Please complete all sections of this form, incomplete applications will not be accepted.

The applicant is responsible to all information necessary to describe the Home Occupation and may be required to submit additional information if needed.

1. Property Owner
   Name: ______________________________________________________________________________
   Address: ____________________________________________________________________________
   Phone: __________________________   Email: _____________________________________________

2. Applicant (if different than Owner)
   Name: ______________________________________________________________________________
   Address: ____________________________________________________________________________
   Phone: _____________________________________   Email: ______________________________________

3. Home Occupation Information
   Name: ______________________________________________________________________________
   Address: ____________________________________________________________________________
   Phone: __________________________   Email: _____________________________________________

4. Please describe the type of home occupation that you intend to have:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Date planned for start of operations:
   ______________________________________________________

6. Where will the business be operating within the property (house, garage, other building)?
   ______________________________________________________

7. How much space (square footage) does your home occupation occupy?
   ______________________________________________________

8. What special equipment does your home occupation require?
   ______________________________________________________
   ______________________________________________________
9. Do you have any outside storage for your home occupation? If so, please list the materials and/or equipment that are stored outside.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

10. Name or title of the home occupation you intend to use?
____________________________________________________________________________________

11. What special mechanical equipment will be used on site as part of this business?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

12. What type of solvents, paints, corrosives or other hazardous chemicals will be used in conjunction with this business?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

13. Will any outdoor areas or covered parking areas be used for this business? If yes please describe the outdoor areas or covered parking areas to be used.
____________________________________________________________________________________
____________________________________________________________________________________

14. How many members of your family or household will assist you in the business? ________________
Describe their services or responsibilities:
____________________________________________________________________________________
____________________________________________________________________________________

15. Will a non-family member participate in this business? If so, describe his/her services, responsibilities and hours:
____________________________________________________________________________________

16. How many people will visit this site each week to deliver or collect items associated with this business?
____________________________________________________________________________________

17. Will the sale of goods or services occur at this address? If yes, please describe.
____________________________________________________________________________________
____________________________________________________________________________________

18. How many vehicles will be used by this business? ________________________________
   a. How many of these vehicles will be kept at this address? ________________________________
   b. What types of vehicles will be used? ________________________________
c. Where will each of these vehicles be parked during the day? __________________________

d. Where will each of these vehicles be parked during the night? __________________________

19. Where on-site will your employee’s vehicle be parked?
____________________________________________________________________________________

20. Will any signs be displayed to identify the location of this business? If so, describe the sign and its intended placement.
____________________________________________________________________________________
____________________________________________________________________________________

I understand that a copy of the City of Lanesboro Zoning Ordinance Code is on file, and is available for my review at the City Office. I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge.

____________________________________________________ ________________________________
Signature Date

To Be Completed by the City Administrator:

- HPC Review
  ___________________________________________________________________________________
  ___________________________________________________________________________________

- Planning and Zoning Review
  ___________________________________________________________________________________
  ___________________________________________________________________________________

- City Council Review
  ___________________________________________________________________________________
  ___________________________________________________________________________________

- Other
  ___________________________________________________________________________________
  ___________________________________________________________________________________

Application Approved:

____________________________________________________ ________________________________
Date City Administrator