

HOME OCCUPATION REGISTRATION

Sedalia City Planning & Zoning Commission
 200 S. Osage Avenue
 Sedalia, Missouri 65301

Date of Application:		Business License #:	
Applicant's Name			
Applicant's Home Address			
Phone: (Business)		Home:	
Address for which Home Occupation Permit is being requested:			
Subdivision:			
Lot Number:			
Zoning District:			
Are you the owner of this property: Yes:_____ No:_____ If no, please indicate the name, address and telephone number of the property owner: _____ _____ _____			
Occupation to be conducted at this location: _____ List specific activities involved: (i.e. repairing clocks, sale of goods, etc.) _____ _____ _____			
Hours of operation:			
Will people come to your home to obtain any product or utilize any service connected with the proposed home occupation? Yes:_____ No: _____ If yes, estimate the number of customers coming to this location daily: _____ _____ _____			
Explain in detail: _____			
Number of employees including yourself that reside at location: _____ Number of employees that are not residents at the location: _____			
Will the Home Occupation be located in your residence, or in another structure on this property? Residence: _____ Other Structure: _____			
Square feet of residence: _____ Square feet used for this occupation: _____			
Are there any other Home Occupations being conducted at this location? Yes: __ No: __			
Has a Home Occupation previously been conducted at this location? Yes: _____ No: _____			

If yes, what occupation: _____ Date Begun: _____

Will this Home Occupation require: (please check if applicable)

Yes: _____ No: _____ Any alteration in appearance of this structure?

Yes: _____ No: _____ Any mechanical, electrical, or other equipment that interferes with radio or TV signals?

Yes: _____ No: _____ Any equipment/activity that causes noise or dust?

Yes: _____ No: _____ The storage or use of any materials or supplies that are combustible?

If you answered yes to any of the above, please describe in detail: _____

Will any goods, or commodities be displayed/stored outdoors, or in any exterior window?

Yes: _____ No: _____

Will the Home Occupation involve the use of commercial vehicles or trucks for delivery of materials to or from the premises? Yes: _____ No: _____

If yes, who will own the vehicles and how often will they be used?

Attach a drawing indicating parking for customers/commercial vehicles/delivery trucks for this business.

Attach a drawing of any signage to be placed on the property, indicating location and dimensions.

I understand that the operation of a home occupation at this location is subject to the requirements of all applicable provisions of the City Code including, but not limited to, Section 31-11 regarding home occupations in residential areas, a copy of which has been provided to me. I hereby consent to the City entering upon these premises at reasonable times to conduct necessary inspections including, but not limited to, building and fire inspections.

Date: _____ Applicant Signature: _____

Date: _____ Property Owner Signature: _____

CITY INFORMATION

DENIED: Reason for denial: _____

APPROVED: Date _____

Conditions (if any): _____

Signature/Community Development

DO NOT WRITE IN THIS SPACE

Date Submitted _____

Checked By _____

Business License # _____