

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

FEE AMT: \$50.00 CHECK NO: \_\_\_\_\_ CASH: \_\_\_\_\_

## TOWN OF GALENA HOME OCCUPATION APPLICATION

**Property Owner or Agent (printed)** \_\_\_\_\_

NOTE: Agent shall provide a letter from the owner authorizing that they may act on his behalf.

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone:** Day \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**Email:** \_\_\_\_\_

**Property Information:**

Zoned: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Property Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Type of Home Occupation:**

Description: \_\_\_\_\_

\_\_\_\_\_

Who will be conducting the Home Occupation – List Names: \_\_\_\_\_

Number of nonresident assistant or employees: \_\_\_\_\_

Square Footage floor area of dwelling: \_\_\_\_\_

Home Occupation Square Footage: \_\_\_\_\_ Location: \_\_\_\_\_

Storage Square Footage: \_\_\_\_\_ Location: \_\_\_\_\_

Describe number of customers and parking needs:

\_\_\_\_\_

\_\_\_\_\_

**Site Sketch:** Show street names, lot dimensions, exact location and size of proposed and existing structure(s) location and width of existing and/or proposed driveways, distance to adjacent buildings (if any). Label existing use and intended use of each building. ATTACH a photo of the site.

**Applicant/Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Applicant hereby agrees to comply with all regulations applicable hereto and further agrees that any misstatements or misrepresentation of facts or any other change within the approval of the agencies concerned shall constitute sufficient grounds for denial for the permit.*

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**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Sharon Weygand, Zoning Administrator

**Permit No:** \_\_\_\_\_ **Permit Expiration Date:** \_\_\_\_\_

**Conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Demolition Only Water/Sewer Capped YES / NO

W/S Superintendent Verified \_\_\_\_\_ Date: \_\_\_\_\_

Copy of Contractor's License YES / NO