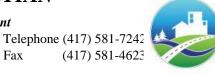


## **COUNTY OF CHRISTIAN**

Resource Management Department
1106 West Jackson Street Te
Ozark, MO 65721 Fa



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

## **HOME OCCUPATION APPLICATION**

## **PROPERTY OWNER INFORMATION**

Owner's Name (Please P	rint):		
Owner's Address:			
Phone Number:	Fax Nun	mber:	Email:
Description of the Home	Occupation:		
PROPERTY INFOR	<u>MATION</u>		
Address/Location of Proj	perty:		
A legal description of the	property must be sub	omitted. (a copy of t	he deed can be attached)
Is this property located in	ı a platted subdivisio	on? Yes No	
If so, please give name or	f subdivision:		
			the County does not remove any limitations or ch may apply to landowners in a given platted
1. What is the square foo	tage of the residence	e, excluding garage	e area?
1st Floor	2nd Floor	TOTAL	
2. What exterior and/or in	nterior changes to yo	our dwelling would	d occur as a result of this home occupation?
3. Will the home occupat	ion be housed in nev	w or existing build	ling(s)?
4. If an accessory buildin	g is used, what is the	e <b>total</b> square foot	tage of that structure?

Describe the structure (garage, shed, pole barn, etc.)					
5. What is the <b>total square footage dedicated</b> 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 <b>total</b> square footage for each:					
7. Number of person (other than family members residing on-site) employed for the home occupation?					
8. Will your home occupation involve delivery of materials/merchandise to and from your residence?  Yes \[ \subseteq \text{No} \[ \subseteq \]					
9. With what frequency would a delivery vehicle need to come to your house?					
times per daytimes per week					
10. Will you have customers come to your business? Yes No					
If so, how many and how often? Total Per Hour Total Per Day					
11. What materials will be stored on-site?					
12. Any of these hazardous materials? Yes No No If yes, specify types:					
13. What additional water supply will be required?					
14. What additional wastewater disposal will be required?					
15. Will the business require signage? Yes No No					
16. Will the business require on-site sales of any kind? Yes No No					

I have read and understand the information pertaining to home occupations and, if approved, I agree to remain within said limits. I further agree that the Christian County Planning & Development 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 Christian 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:	
ACKNOWI	LEDGMENT OF PRO	OPERTY OWNER	
<b>STATE OF</b> )			
STATE OF) COUNTY OF)	SS.		
On thisday of public, personally appeared	, in the year	, before me, the undersigned	notary
to me to be the person(s) whose nar acknowledged that he/she/they exe whereof, I hereunto set my hand a	me(s) is/are subscribe cuted the same for the	d to the within instrument and	
		Notary Public	
DEPARTMENT REVIEW NOTES	S:		