



# COUNTY OF CHRISTIAN

## Resource Management Department

1106 West Jackson Street  
Ozark, MO 65721

Telephone (417) 581-7242  
Fax (417) 581-4623



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. (a copy of the deed can be attached)*

Is this property located in a platted subdivision? Yes  No

If so, please give name of subdivision: \_\_\_\_\_

*Please note that an approval of Home Occupation Registration by the County does not remove any limitations or obligations associated with private covenants and restrictions which may apply to landowners in a given platted 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. Will your home occupation involve delivery of materials/merchandise to and from your residence?

Yes  No

9. With what frequency would a delivery vehicle need to come to your house?

\_\_\_\_\_ times per day \_\_\_\_\_ times 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  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

16. 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 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: \_\_\_\_\_

**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

**DEPARTMENT REVIEW NOTES:**

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