

HOME OCCUPATION - ADDITIONAL INFORMATION FOR MISSOULA CITY AND COUNTY

Business Name: _____

Applicant Name: _____ Phone: _____

Address: _____

Property owner/Manager Name (If Other): _____

Address: _____ Phone: _____

1. What type of business is this?

2. What type of activity will occur at the above address?

3. What type of equipment, material, and products are used in the business and how are they to be housed?

4. How many and what types of vehicles will be used for the business?

Where will they be parked in the day and evening?

5. Will the business require additional structures or remodeling of the residence? Yes ____ No ____

6. What percent of the home will be used for the business? _____%

7. How many employees that do not live there will work at this address? _____

8. Will there be any window or yard display of any materials or merchandise? _____

9. Will there be a sign displayed on the premises? Yes ____ No ____

10. Will advertising include location of the business? Yes ____ No ____

11. How many customers will be present on the property at any one time? _____

12. How many customers will come to the home in day/week? Day_____ Week_____

13. Will the business require larger gatherings of people? Yes _____ No _____

a. If you answered Yes to #13, How many people? _____ How often? _____

14. Will there be truck deliveries or pick up of supplies or products? Yes ___ No ___

15. Are there any other business licenses for home occupations at this address? Yes_____ No_____

By signing this application I am affirming that all information provided in this application is true and correct.

Applicant signature _____ Date _____

Please initial:

_____ I have received/read the Home Occupation Standards

NOTE: Property owners, if other than the applicant, are advised that they will, along with the applicant, be held responsible for any zoning violations of Home Occupation permits issued.

-FOR OFFICE USE ONLY

Zoning District: _____

Lot # : _____ Block #: _____ Subdivision _____

Tract #: _____ COS #: _____

Other: _____

Approved by:

Zoning Officer: _____ Date: _____