

APPLICATION FOR HOME OCCUPATION

CITY OF CREOLA PLANNING DEPARTMENT
 9615 OLD HWY 43/ P.O. BOX 490, CREOLA, AL 36525
 (251)675-8142/FAX (251)930-1877
www.CITYOFCREOLA.ORG

 APPLICANT NAME

 ADDRESS

 DAYTIME TELEPHONE

 EMAIL

 DATE OF APPLICATION

-OFFICE USE ONLY-	
SITE ADDRESS:	
CURRENT ZONING DISTRICT:	
CASE #	XREF CASES:
DATE APPROVED:	DATE DENIED:
CONDITIONS OF APPROVAL:	

APPLICANT MUST SUPPLY EITHER A COPY OF DEED OR A NOTARIZED LETTER FROM LANDLORD GRANTING PERMISSION FOR A HOME OCCUPATION

ANSWER ALL QUESTIONS CAREFULLY AND COMPLETELY:

Do you live at the address listed above? _____

Does anyone else living at the above address have an approved home occupation in this residence? _____

What specific type(s) of service and/or product will you provide through this business? _____

What is the approximate floor area of your home? _____ sq. ft.
 How much of this area will be used for the home occupation? _____ sq. ft. (25% or 500 sq. ft. maximum)
 Will the outside appearance of the residence be altered to accommodate the business? If so, explain: _____

Will these activities be carried out inside your home? If no, where? _____

Will customers or clients visit your home in connection with your business? _____

How many people other than yourself will work for this business on the premises? _____

Will merchandise be sold from the premises? If so, explain: _____

What materials, supplies, equipment and/or vehicles will be used for the business? _____

Where will they be stored? _____

How will they be transported to and from the business? _____

How many trips per day will you (and any partners) make to and from the business? 0-5 6-10 11 or more

How many off-street parking spaces are available for your residence? _____

I, the applicant, understand and agree to the conditions for approval of my home occupation use, as set forth in the City of Consistency Zoning Ordinance. All of the above facts are true and correct to the best of my knowledge. I will inform the Planning & Inspections Department of a change in location or any other change in my business relating to these requirements.

APPLICANT NAME (please print):	DATE:
APPLICANT'S SIGNATURE:	

Received by: _____ Date: _____

HO Revised 08/17
