

**CITY OF POSTVILLE
HOME BASED OCCUPATIONS APPLICATION**

Please understand that your business should not interfere with the residential nature of your neighborhood in relationship to exterior appearance of your home*, noise, odors, safety and traffic. When setting your hours of operation, please be considerate of your neighbors. Thank You.

Name of Property Owner(s) _____

Name of Business Operator/Owner _____

Property Address _____

Mailing Address _____

Legal Description _____ Lot Size _____

Number of family members involved in business _____

Number who reside at this home _____ Number of non-family employees _____

Describe type of business and general operations _____

Hours of operation _____

Number of deliveries _____ Pickups _____ Type of Transport _____

Number of clients/customers _____

Expected parking and traffic needs _____

Type of noise generated by business _____ Odors _____

What kinds and quantities of materials will be stored on premises, where: _____

Please identify hazardous waste materials generated and how you propose to dispose of them _____

Attach a map/drawing indicating entrance location for customers/clients; room(s) used for the business; material storage; parking; etc.

A fee of Thirty-Five Dollars (\$35.00) accompanied this application

Paid _____ Initialed _____

Undersigned will notify the City when the work is completed for inspection.

The above information is a true representation of the proposed home occupation. I will notify the City, in writing, when any changes in the above information occur.

/s/ _____ (date) _____

Approved by the Zoning Administrator on _____

