

**CITY OF EAGLEVILLE
HOME OCCUPATION APPLICATION**

Applicant's Name: _____

Business Name: _____

Address of Home Occupation: _____

Phone: _____ Email: _____

Describe Type of Business and Activities to Take Place at Residence:

Total No. of Employees: At Residence: _____ That Do Not Live at Residence: _____

I understand that the above noted Home Occupation will comply with the Eagleville Zoning Regulations, Section 4.040. The Home Occupation will take place within the principal dwelling, employment of persons not living on the premises shall be limited to one individual, the use shall be clearly subordinate to the primary use as a residence with no more than 25% of the floor area of the dwelling being used for the Home Occupation, no accessory building shall be used for the Home Occupation and all activity related to the Home Occupation shall in no way alter the residential character of the neighborhood. Further I understand that if such Home Occupation requires a Business License, I shall obtain such license.

Applicant's Signature

Date

Office Use:

Approved: _____ **Denied:** _____

Special Conditions of Approval:

Zoning Official _____