

Toquerville City HOME BASED BUSINESS QUESTIONNAIRE



DATE: _____

NAME: _____ PHONE NO: _____

ADDRESS: _____ ZONE: _____

BUSINESS NAME: _____

DESCRIPTION OF
BUSINESS: _____

CONDITIONS FOR APPROVAL OF HOME OCCUPATION

1. Does the Home Occupation alter the character of the Neighborhood? (activity, color, design, storage, lighting, sound, odors, emissions etc.)
2. Will employees not living at the premises be employed? (Only residents may work at a home occupation)
3. Will the business need outside storage? (Outside storage is not permitted)
4. How many vehicles are required for the business? (Not more than two permitted)
5. How much space does the business require? (Not more than 25% of the total area and not to exceed 500 sq/ft)
6. Is the home business to be conducted in a garage? (Cannot prevent the garage from parking vehicles and sufficient off-street parking for displaced vehicles)
7. Will you install signs on the premises for the business? (No business signs are permitted)
8. Will the business create noise in excess of that customary?
9. Will the business create vehicular or pedestrian traffic in excess of normal?
10. Will the business create non-conformance to fire, building, plumbing, electrical codes?
11. Will the business create an excess demand on public utilities?
12. Will training or promotional meetings be held and how often?
13. Will the business require deliveries by semi-tractor/ trailers? (Not permitted)
14. What are the hours of operation? (Not allowed between 10pm and 6am)
15. Will the business require the use of hazardous or flammable materials? (Not permitted)
16. Where will the business store garbage and refuse? (IN containers and out of sight of public)

Home Occupations must maintain a current business license.

If you answered yes to any of the above questions, please explain: _____

(use additional sheets if necessary)

I certify that the above information is true and correct and hereby give my consent for inspection by Toquerville City of the above location by request to determine compliance with the home occupation regulations. I understand that a business license is required for a home occupation and that the license must be renewed annually. I understand that any violations of the home occupation regulations or of any conditions set for my home occupation may result in the revocation of my business license.

Signature of applicant: _____ Date: _____

(Office use only)

Permitted home occupation: _____ Conditional home occupation: _____ Not permitted: _____

See Attachment for Explanation if Applicable: