



Application for Home Occupation Permit

Sioux County Planning and Zoning Administration, 210 Central Avenue SW, Orange City, Iowa 51041
Phone (712) 737-3820 — Fax (712) 707-9243 — Email: zoning@siouxcounty.org — Web: www.siuoxcounty.com

The Sioux County Zoning Ordinance defines a "HOME OCCUPATION" as "An accessory occupation or profession conducted entirely within a dwelling unit by the inhabitants thereof, and complies with the home occupations requirements as specified in Section 17.4." A home occupation must be owned by the home owner & cannot be the household's primary source of income. *The number of employees (not counting household members) is limited to 1 per non-farm, or 3 per farm home occupation.*

APPLICANT INFORMATION		APPLICATION NO. <i>(assigned by Zoning Department Official)</i>	
Applicant Name: Last, First, Middle Initial			
Mailing Address, if different from site address: City / State / Zip	Home Phone	Cell / Work Phone	

GENERAL PROPERTY INFORMATION (PERTAINING TO BUSINESS SITE LOCATION)			
Address: City / State / Zip	Zoning Class	Tax Class	Lot Area/Size (Acres)
Quarter/Quarter	Section #	Township Name:	Parcel Identification No.

CURRENT LAND USE:			
<input type="checkbox"/> Residential Acreage	<input type="checkbox"/> Do you farm this site and/or a contiguous site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Business: _____	<input type="checkbox"/> Does 25% or more of your household income come from farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other : _____	<input type="checkbox"/> Agricultural Crop production - provide total # acres: _____		
<input type="checkbox"/> Farm dwelling (owner lives on farm)	<input type="checkbox"/> Livestock Production - provide average #of head per year: _____		

PROPOSED HOME OCCUPATION INFORMATION:	
Business Name:	
Describe Business Activities:	
Business Phone #:	Primary Contact:
Excluding the business owner, # of immediate family (living in household) employed:	# Non-family members employed:
Estimated number of customer trips to site per day:	Estimated number of supplier trips per day:
Proposed business or advertising signage: (type, location, size):	

<u>LIST MATERIALS & SUPPLIES</u> <i>BUSINESS WILL USE ON A REGULAR BASIS</i>	<u>SQ. FOOTAGE TO BE</u> <i>USED FOR STORAGE</i>	<u>SQ. FOOTAGE TO BE</u> <i>USED FOR SALES</i>	<u>% OF</u> <i>HOME USED</i>	<u>LIST HAZARD / NUISANCE POSSIBILITY</u> <i>(IE, SMELL, DUST, NOISE, TRAFFIC)</i>
_____	_____	_____	_____	_____

FOR HOME OCCUPATION LOCATED IN ACCESSORY STRUCTURE: <u>Attach a Site Plan drawn to scale showing the following:</u>
<ol style="list-style-type: none"> North arrow & scale All lot lines & building other dimension lines Use of existing & proposed structures All roads, access & private lanes abutting the property Indicate the front of the building, entrances & parking areas A completed ZONING PERMIT Application (for NEW Construction) A completed Sign Permit Application (when applicable)

FOR HOME OCCUPATION LOCATED WITHIN A RESIDENCE: <u>Attach a Floor Plan drawn to scale showing the following:</u>
<ol style="list-style-type: none"> North arrow & scale Dimensions & uses of all rooms Location of all Home Occupation use areas All roads, access & private lanes abutting the property Indicate the front of the building, entrances & parking areas A completed ZONING PERMIT (for NEW construction) A completed Sign Permit Application (when applicable)

PERMITS REQUIRED BY THE COUNTY SANITARIAN, SECONDARY ROADS OFFICE AND/OR ANY OTHER PERMITS REQUIRED ARE THE APPLICANTS RESPONSIBILITY!

THE UNDERSIGNED APPLICANT CERTIFIES UNDER OATH THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

_____	_____	_____	_____
Owner	Date	Agent (provide legal documentation)	Date

<i>For Office Use Only</i>	
Permit No:	-HOUP Type: <input type="checkbox"/> Non-Farm <input type="checkbox"/> Agricultural
Action on Application: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Fee Assessment : \$100.00
Conditions: # of employees (outside immediate family members) allowed by regulation: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Date Paid : _____
and _____	Check/Receipt # : _____
Zoning Official Signature	Date