





Home Occupation Questionnaire

Check YES or NO for each question:

- 1. Is the occupation\* applied for (administrative office, making of crafts, sewing, etc.) conducted entirely within the dwelling?
2. Does the occupation produce sounds, colors or other audible or visible evidence of a home occupation being present?
3. Will any activity take place outdoors at your residence?
4. Will there be any signs or advertising at your residence?
5. Will there be any advertising on your vehicle(s)?
6. Is more than one room within the home used for the home occupation?
7. Are there any explosives, toxic, or highly combustible materials used or stored within the home in connection with this home occupation?
8. Does the home occupation produce any electrical interference, smoke, dust, or noise, which may be offensive?
9. Will customers visit you at your residence?
10. Is there any increase in traffic connected with this home occupation?
11. Will there be any more than one sales party at your home per quarter related to this home occupation?
12. Will this home occupation result in increased parking demands?
13. Will you accept deliveries from commercial suppliers, other than UPS/FedEx/DHL, etc.?
14. Will there be any employees of this home occupation other than members of the family living in the home?

Applicant hereby certifies that the information on this application is true and correct and understands that any false or misleading information shall render this Home Occupation Questionnaire void.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
Address of Home Occupation: \_\_\_\_\_