

HOME OCCUPATION APPLICATION

Date: _____

Applicant Name: _____

Business Name: _____

Address: _____ Phone: _____

Email: _____

Own _____ Rent _____

Approval of Property Owner: Yes _____ No _____

Signature of Property Owner

Date

Nature of business: _____

Business activity to be conducted on premises: _____

I fully understand all the restrictions placed on a business being conducted from the home pursuant to the Zoning Ordinance of the City of Vicksburg and agree to abide by all such regulations. I have discussed the home occupation regulations and reviewed the pertinent sections of the zoning text with the Zoning Administrator or his designated representative. Pursuant to the Zoning Ordinance I will allow the zoning and inspection departments, at any reasonable time and upon reasonable request, to enter and inspect the premises for which a home occupation application is requested and, upon approval and issuance of such permit, in order to assure compliance with the terms of said permit, or for other lawful reasons.

Signature of applicant

Date

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Zoning district of property: _____

Classification of home occupation: Major _____ Minor _____

Refer to the Zoning Board of Appeals: Date _____

Decision of Zoning Board of Appeals: Approved _____ Denied _____ Date _____

Fee Paid: \$25.00 Cash _____ Check _____

Zoning Administrator: Approved _____ Denied _____ Date _____

Building Official: Approved: _____ Denied _____ Date _____

Referred to Licensing Department for Privilege License: Date _____