

## CITY OF LAUREL

### Request for Home Occupation

APPLICANT INFORMATION				
NAME		DATE		
ADDRESS				
PHONE		EMAIL		
HOME OCCUPATION INFORMATION				
DESCRIPTION OF HOME OCCUPATION:				
Will any person other than a member of the immediate family occupying the dwelling be employed? (If yes, explain)				
Will any stock or trade be displayed or sold upon premises? (If yes, explain)				
Will the character of the building be altered from that of a dwelling? (If yes, explain)				
Will illuminated signs be used? (If yes, explain)				
Will more than 25% of the area of one story of the building be devoted to the planned home occupation? (If yes, explain)				
Will any equipment be used in the home occupation, which creates noise, vibration, glare, fumes, odors or electrical interference? (If yes, explain)				
Will any equipment or process be used which creates visual or audible interference in any radio or television receivers off the premises? (If yes, explain)				
ADDITIONAL INFORMATION				
Please provide the following information for all residents living within 100' of your property, including their signature and whether the neighbor supports or opposes the requested home occupation.				
Name (Print)	Address	Phone	Signature	Support/Oppose
FOR OFFICE USE ONLY				
Application Received	Date Received	Comments	Signature	
Fire Inspector				
Public Works Dept.				
Planning Dept.				

Planning Department

Denied       Approved with the following conditions: \_\_\_\_\_

\_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

