

**CITY OF MOBERLY
HOME OCCUPATION PERMIT APPLICATION**

Return Form To:

Zoning Administrator
City of Moberly
101 West Reed Street
Moberly, MO 65270-1551
(660) 263-4420
(660) 263-9398 (fax)

For Office Use Only:

Filing Fee: _____

Date Filed: _____

APPLICANT INFORMATION:

Applicant: _____

Address: _____ Zip: _____

Phone: _____

PROPERTY INFORMATION:

Address of Property: _____

Zoning Classification: _____

Present Use of Property: _____

Proposed Home Occupation: _____

A home occupation permit shall not be issued if the answer is yes to any of the following questions:	Yes	No
Will the home occupation be incidental and subordinate to the principal residential use of the premises and not occupy more than fifteen-five percent (25%) of the floor area of any one floor of the dwelling unit, or one room, whichever is the smaller?		
Will any materials or equipment used in conjunction with the home occupation be stored outdoors?		
Will the home occupation result in the alteration of the exterior of the principal residential building that changes the character thereof as a residence?		
Will the home occupation be carried on entirely within the principal residential structure?		
Will any sign installed exceed two (2) square feet in area, be illuminated, or be placed other than flat against the main wall of the building?		
Will any person be engaged in the home occupation other than a person occupying the dwelling unit as their residence?		
Will any equipment be utilized that creates a nuisance due to noise, noxious odor or electrical interference?		
Will the home occupation involve any retail sales other than those that are incidental to the home occupation?		

By signing below I hereby affirm that the information I have provided on this application is true and upon approval of the home occupation requested in this application I agree to abide by the conditions and limitations specified for home occupations in the zoning regulations and any provisions specified by the Zoning Administrator as a condition to approval of the application.

Applicant's Signature
Date

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Based upon the information provided in this application, the home occupation requested is hereby _____
 _____ (approved / denied) subject to the following conditions.

Conditions of approval: _____

Zoning Administrator Date