

HOME OCCUPATION APPLICATION
CITY OF CLINTON
DEPT. OF ZONING, BUILDING & PUBLIC SAFETY
118 W. WASHINGTON ST.
CLINTON, IL 61727 PHONE: 217-935-6552

OFFICE USE ONLY

Permit # _____
Date: _____
Zoned: _____
Issued: _____
Fee: _____

PROPERTY OWNERS INFORMATION

OWNERS NAME: _____ PHONE: _____

OWNERS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION AS IT PERTAINS TO YOUR HOME OCCUPATION. IF APPLICANT AND OWNER ARE THE SAME, PLEASE INDICATE BY FILLING OUT BOTH OR WRITING SAME ON OWNERS SECTION. FAILURE TO COMPLETE ALL OF THE FOLLOWING WILL RESULT IN YOUR REQUEST BEING DENIED. **PLEASE TYPE OR PRINT.**

APPLICANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF HOME OCCUPATION: _____

NUMBER OF EMPLOYEES: RELATED _____ UNRELATED _____

LOCATION AS TO WHERE THE HOME OCCUPATION WILL TAKE PLACE ON PROPERTY:

NUMBER OF PARKING SPACES: (off Street) _____

ARE YOU GOING TO HAVE A SIGN? _____ YES _____ NO (2 square foot maximum size and must be attached to a structure)

IF SO, WHERE WILL THE SIGN BE LOCATED: _____

WILL YOU RETAIL ANY INVENTORY? _____ YES _____ NO

IF SO, WHAT KIND? _____

AFTER COMPLETION OF ENTIRE FORM, PLEASE REVIEW. IF EVERYTHING IS CORRECT, TURN OVER AND SIGN. PLEASE REMEMBER IF YOU ARE NOT THE OWNER, HE/SHE MUST SIGN ALSO.

HOME OCCUPATION PERMIT: SIGNATURE PAGE

PERMIT NUMBER: _____

DATE OF ISSUANCE: _____

FEE PAID: **\$** _____ **CASH** _____ **OR CHECK** _____ **CK #:** _____

PLEASE SIGN THE APPROPRIATE AREA:

DATE

APPLICANTS SIGNATURE

DATE

OWNERS SIGNATURE

DATE

ZONING OFFICER: Tim Followell