



HOME OCCUPATION Zoning Permit Application

Applicant _____

Business Name _____

Property Address _____

Mailing Address _____

Phone _____ Email _____

Briefly describe the purpose and operation of the business: _____

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS ABOUT YOUR BUSINESS.

1. Will the business be operated by a resident at the residence? _____

2. Will any stock in trade or other materials be stored at the residence? _____ If "yes", please explain.

3. Will any physical products be sold from the residence? _____ If "yes", please explain.

4. Will any mechanical equipment (other than normally used for routine domestic, family or household purposes) be used in the operation of the business? _____ If "yes", please explain.

5. Will your business require that any employees, other than resident employees, park their vehicles at the residence? _____ If "yes", please explain. _____

THIS FORM MUST BE COMPLETED TO OPEN A BUSINESS AT ANY RESIDENTIAL LOCATION IN THE TOWN OF IRMO JURISDICTION, REGARDLESS OF A CURRENT BUSINESS LICENSE. I ATTEST THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature _____ Date _____

Reviewed By: _____ Date _____ Approved / Denied
Reason for Denial _____