



City of Streator
 204 South Bloomington St.
 Streator, IL 61364
 Phone #: (815) 672-2517
 Fax #: (815) 672-7566

Permit #: _____

\$50.00 ONE TIME FEE

HOME OCCUPATION PERMIT APPLICATION

Business Name: _____ Owner: _____

Business Phone #: _____ Business Email: _____

After Hours Contact Name: _____ After Hours Phone #: _____

Primary Contact Name: _____ Primary Contact Email: _____

Doing Business As: _____ # of Employees: ____ Federal ID #: _____

Address/City/State/Zip: _____

Mailing Address if different than above: _____

The Applicant requests that the City of Streator permit a home occupation.

1. Home Occupation Address/Location: _____

2. Description of Home Occupation activity: _____

The applicant must check each of the below boxes and certify that the attendant condition has been complied with and will continue to be complied with.
 Failure to comply with these conditions may result in revocation of the Home Occupation Permit.

3. Other than members of the immediate family living at the Home Occupation address not more than one person can be working for the Home Occupation (paid or not paid).

4. Yes No Will the principal building be used for the location of the Home Occupation?

If Yes, what is the floor area of the principal building? _____

If No, what is the floor area of the accessory building? _____

5. What is the floor area that will be used for the Home Occupation? _____

6. The floor area used for the Home Occupation can be no more that 25% of the floor area of the structure where the Home Occupation activity will take place.

7. No alterations can be made to the principal building, which will change the appearance of the principal building.
8. A sign permit has been submitted per Chapter 15.48 of the Streator Municipal Code.
9. One parking space, not in the front yard, must be provided in addition to those required for the residence.
10. Enter the State of Illinois Sales Tax number: _____
11. If the applicant does not have a sales tax number give the reason why: _____

12. All material, equipment, merchandise, or work in process shall be wholly enclosed within the structure used for the Home Occupation.
13. No equipment or material can be used that will constitute a hazard, create a nuisance, or interfere with the reception of broadcast signals.
14. If any change or addition is made to the Home Occupation as stated in the application, a **new application must** be submitted.
15. Permit fee paid.
16. What is the existing zoning district? _____

The applicant has read and understands this application and has completed all of the above information and affirms that it is true and correct. In addition, the applicant agrees to abide by the regulations effecting a Home Occupation as contained in the attached extract of the Streator Municipal Code and as that code may be modified from time to time.

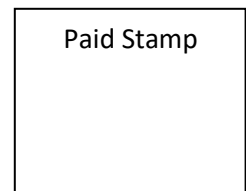
Applicant: _____ Date: _____

Applicant: _____ Date: _____

Subscribed and sworn to before me

This _____ day of _____, 20__

Notary Public: _____



PERMIT FOR A HOME OCCUPATION

Approved by: _____ Date: _____
City Manager or Assistant to the City Manager