



Planning Department
210 East First Street
Jordan MN 55352
(952) 492-2535
Jordanmn.gov

Home Occupation Worksheet

Applicant Name: _____ **Date:** _____

Phone: _____ **Email:** _____

Address: _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements):

1. Explain the type of occupation you wish to conduct in the home: _____

2. Describe the equipment that is required of the occupation: _____

3. Will the occupation be conducted entirely within the house? **Yes / No**

If no, list any additional structures required and their purpose: _____

(Note: Storage is the only occupation-related use which may be permitted in a structure besides the house)

4. Gross floor area of the home: _____ square feet

5. Total square footage required for the occupation: _____

(Note: A maximum of 25% of the gross floor area of the home may be used for the home occupation)

6. Do you intend to employ persons other than those whom reside on the premise? **Yes / No**

If yes, Number of full-time employees: _____ Number of part-time employees: _____

7. Does the occupation involve children (not yours) or pupils at the residence? **Yes / No**

If yes, how many children/pupils are anticipated to be at the home at one time? _____

8. Will the occupation result in an increase in neighborhood traffic? **Yes / No**

If yes, please explain: _____

Will vehicles be parked on-street or off-street? (circle one) How many vehicles are anticipated per day? _____

9. What are the anticipated hours of operation? _____

10. Do you intend to attach a sign to the home to identify the occupation? **Yes / No**
(Note: If yes, the sign must comply with Chapter 154 Zoning Ordinance Section 154.240 - Signs)

*Attached to this application and made a part thereof are other material submission data requirements, as indicated. **I certify that all information is true and correct.***

Applicant Signature: _____ **Date:** _____

Owner's Name (if different from Applicant): _____

Owner's Signature(s): _____ **Date:** _____

FOR OFFICE USE ONLY		
DATE SUBMITTED: _____	DATE COMPLETE: _____	IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: _____
FEE PAID: _____	DATE FEE PAID: _____	FILE # _____
APPROVED _____	DENIED _____	BY: _____
DATE OF ACTION: _____		
DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY STAFF ACTION: _____		
DATE HOME OCCUPATION PERMIT ADDED TO PROPERTY ADDRESS FILE: _____		