



APPLICATION FOR HOME OCCUPATION PERMIT

CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535

Site Information

Site Address: _____

Legal Description: _____

Acreage or square footage of land involved: _____

Applicant / Contractor Information

Name: _____ Phone: _____

Address: _____ Email: _____

Owner Information ([] Check if same as above)

Name: _____ Phone: _____

Address: _____ Email: _____

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. Application is hereby made for the following home occupation: _____
Special Home Occupation or Permitted Home Occupation (Circle One)

2. Will there be any employees other than persons who customarily reside on the premises?
___ Yes ___ No If yes: Number of full-time ___ Number of part-time ___

3. Will the home occupation be conducted entirely within the house? ___ Yes ___ No
(Note: Home Occupations must be conducted entirely within the primary residential structure).

4. Will the home occupation result in people visiting the home and parking in the neighborhood?
___ Yes ___ No. If yes, please describe number of vehicles anticipated, time period, location of off-street parking).

5. Gross floor area of your home: _____ sq. ft. Number of sq. ft for home occupation: _____ sq ft.
(Note: A maximum of 25% of the gross floor area of the home may be used for the home occupation)

6. Will you attach a sign to your home to identify the home occupation? ___ Yes ___ No
(Note: If yes, the sign must comply with Chapter 154 Zoning Ordinance SEC. 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 submitted is true and correct.

Applicant Signature: _____ Date: _____
Owners' 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: _____