## CITY OF JORDAN

## HOME OCCUPATION WORKSHEET

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

Site Information Site Address: \_\_\_\_\_\_ Legal Description: **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. 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 occu	upati	on)	
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	d 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 / (Note: If yes, the sign must comply with Chapter 154 Zoning Ordinance Section 154.240 - Sign Transfer 154 Zoning Ordinance Section	_		
	ached to this application and made a part thereof are other material submission data requirement icated.	ts, as		
l ce	rtify that all information submitted is true and correct.			
App	olicant Signature: Date:			
Ow	ners' Signature(s): Date:	_		