

HOME OCCUPATION APPLICATION

1. Applicant:

Name _____

Address _____

Phone _____

2. Property Owner:

Name _____

Address _____

Phone _____

3. Subject Property:

Address _____

Linn County Assessor Map # _____

Property Size _____

Tax Lot _____

4. Type of occupation to be carried on (be specific; attach extra pages, if necessary):

Hours of operation: _____

Anticipated traffic generation: _____

5. What portion of home or accessory structure is to be used for occupation?

Size of home: _____ sq. ft. Size of accessory structure: _____ sq. ft. Area to be used for occupation: _____ sq. ft.

6. Will there be deliveries to or from the home? Yes _____ No _____

If yes, how frequently and by what type of carrier? _____

7. Will there be any noise, smoke, fumes, or odors generated by the occupation? Explain.

I certify that the statements contained herein, along with the evidence submitted are in all respects true and are correct to the best of my knowledge and belief.

Applicant's Signature

Date

Application Accepted

Property Owner Signature

Date

Application Complete