

HOME OCCUPATION PERMIT

Owner Name:	Email Address:
Address:	Phone:
Business Name:	Business Phone:
Type of Business:	
Square Footage of Home Including Basement and Attached Garage:	
Square Footage of Home Devoted to Home Occupation:	

HOME OCCUPATIONS ARE PERMITTED IN A DWELLING UNDER THE FOLLOWING CONDITIONS:

1. The use is incidental to the principal residential use, the area used to conduct the home occupation does not exceed twenty-five percent (25%) of the gross floor area of such residence, and is conducted within the principal building. Gross floor area includes the basement, and any physically attached garage.
2. All business inventory and equipment is kept in the principal building.
3. The exterior of the home or yard does not display or indicate any evidence of the home occupation.
4. The use produces no noise, odor, vibration or electrical interference.
5. The occupants transact no business on the premises which would generate additional traffic or parking problems for the neighborhood.
6. Only members of the immediate family residing in the dwelling unit shall be employed on the premises.

Please answer the questions on the back of this permit.

I, the undersigned, here by certify and attest that I have read this permit and understand it. All information which I have provided therein is true and complete to the best of my knowledge. I understand and agree that any omission of false representation herein on my part and/or failure to comply with any of the conditions above and/or requirements of the Janesville Home Occupation Ordinances constitutes violation(s) of law for which I may be prosecuted and sufficient basis to suspend and/or revoke this permit.

Signature of Owner

Date

This is an APPLICATION for Certificate of Home Occupation Occupancy. If you have any questions, please contact: City of Janesville, Building Division (608) 755-3060.

FOR OFFICE USE ONLY	
Home Occupation is:	Permit # _____
___ Permitted	Parcel # _____
___ Not Permitted	
___ Permitted by Interpretation (attach interpretation)	
___ Permitted by ZBA Decision (date ___ / ___ / ___)	
_____	_____
Reviewed By	Date Issued

Please answer the following questions.

1. How long have you operated your Home Occupation at this location?
(Give approximate date of establishment.) _____

2. Do you have retail sales of items at your Home Occupation? Yes ____ No ____
If yes, explain: _____

3. Do customers come to your Home Occupation? Yes ____ No ____
If yes, explain: _____

4. Do you have United Parcel Service or other delivery services come to your Home
Occupation? Yes ____ No ____
If yes, how many per day or week? _____

5. Is any aspect of your Home Occupation conducted in a detached building? This would include storage
of materials, equipment or other merchandise. Yes ____ No ____
If yes, explain how the detached building is used:

6. Please describe how your Home Occupation is conducted.

Please return this form to:

**City of Janesville
Building Division
18 N. Jackson Street
P. O. Box 5005
Janesville, WI 53547-5005
(608) 755-3060 or fax (608) 755-3189**