



Application for Home Occupation Permit

This application form requests information that may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for a home occupation permit.

Applicant/Contact Information

Applicant Name:				
Applicant Address:	Street Address	City	State	Zip
Home Phone Number:	Work Phone Number:			
Email Address:				
Name of Business (if applicable)				
Business Address (if applicable)				
Business Phone Number:				

Proposed Site of Home Occupation Permit

Address:
PID:
Legal Description:
Zoning: R-1___ / R-2___ / R-3___ / R-4___ Other: _____

Business Operation

Do you rent or own the property?	
Type of Home Occupation/Business:	
Number of Employees:	Hours of Operation:
Are any persons employed who do not reside at the address of the home occupation?	
In what part of the principal dwelling structure will the occupation be situated? What percent of the home will be used for the occupation? _____	
How many customers will be served at one time? _____	

Do you have off-street parking available? YES NO

If yes, describe location, capacity and type of surface: _____

Estimated number of deliveries per week: _____

Please provide a detailed description of the home occupation.

By signing this application I declare that all of the information provided to the City of St. Michael on this application, or as part thereof, is true and accurate to best of my knowledge. I have read St. Michaels Zoning Ordinance applicable to Home Occupations, and I agree to abide by all conditions. Submit completed application to planning@stmichaelmn.gov.

Applicant Signature

Date

To be filled out by the City of St. Michael:

Action Taken by Planning Department: _____

Date of Planning Commission Hearing (if Scheduled): _____

Recommendations of Planning Commission: _____

Date Approved: _____ By: _____