



Application for Special 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: _____ <i>(circle one)</i>

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 Special 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 Special Use Home Occupations, and I agree to abide by all conditions.

Applicant Signature

Date

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

Action Taken by Zoning Administrator: _____

Date of Planning Commission Hearing (if Scheduled): _____

Recommendations of Planning Commission: _____

Date Approved: _____ By: _____