



DEPARTMENT OF COMMUNITY DEVELOPMENT

200 North Second Street
Saint Charles, MO 63301
636-949-3227
FAX 636-949-3557

HOME OCCUPATION APPLICATION

PERMIT # (assigned by Staff): _____

BUSINESS NAME: _____

APPLICANT:

(Name)

(Address)

(Phone / Fax/ Email)

TYPE OF BUSINESS:

Date to begin Home Occupation: _____

Total number of square feet in residence: _____

Number of square feet to be used for home occupation: _____

Number of persons employed at the residence: _____

Do you Rent Own?

If you checked the "rent" box, please have the property owner and/or leasing agent sign below to ensure that the residence can be used as a home based business.

I (We) understand that all adjacent residents will be notified by letter from the Department of Community Development, of a scheduled meeting to voice their concerns regarding the proposed home occupation.

I (We) understand that it is necessary to schedule an inspection, prior to the start of business, of the area in the residence to be used for the proposed home occupation.

Signature of the applicant: _____

Date: _____

Signature of the property owner: _____

Date: _____