Applicant's Name:

**CITY OF MAGEE, MISSISSIPPI**

**HOME OCCUPATION LICENSE APPLICATION**

Business Name (if different from above):

Address of Proposed Business:

Description of Business Activity:

Please answer all questions by circling YES or NO:

1.

Will the business activity be the most important (primary) use of the the property?

YES

NO

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Will anyone other than people living at the residence **be** working at the business on the property?

YES

NO

3.

A) Will there be any storage or display of materials, goods,

YES

NO

B)

supplies, or equipment related to the home business? If YES, describe:

4.

Will your business activity at the above address be conducted outside in the yard, patio, or open courtyard?

YES

NO

5.

Will the business activity require more than 25% of the floor area of the dwelling for the home occupation?

YES

NO

6.

A**)**

Will an accessory building on the premises be used in connection YES with the home occupation?

NO

B)

7.

8.

9.

If YES, will off-street parking be adequate to prevent parking in the yard and street?

Will any sign on the property relating to this business have any of the following characteristics?

If YES, will the accessory building **be** 400 square feet or larger? Will the business activity create noises, vibration, glare, fumes, or odors detectable outside of the dwelling **or** accessory building? A) Will the business activity generate additional vehicular traffic? B)

YES

NO

YES

NO

YES

NO

YES

NO

A)

Will the sign exceed 2 square feet in size?

YES NO

B)

Will the sign be lighted?

YES

NO

**C)**

Will the sign be attached to the dwelling?

YES

NO

D)

Will **the** sign be more than 6 feet above first floor level of the

YES

NO

dwelling?

E)

Will there be more than one sign per dwelling?

YES

NO

I understand the granting of this license is dependent upon me abiding by all the regulations found in Section 406 of the City of Magee, Mississippi Zoning Ordinance.

Applicant's Signature

Telephone Number

Date

FOR OFFICIAL USE ONLY

Approved

Denied

Date:

HO

By:

Form AP-