City of Topeka Planning Department

HOME OCCUPATION APPLICATION – RENEWAL
(Please Print)

Date:_____

Name of Applicant:_____Telephone:_____

Address:_____ Zip:_____

Legal Description of Property: Lot(s)_____

Block:_____ Subdivision:_____

Type of Home Occupation:_____

1. **Will a member of the family residing on the premises carry on the home occupation?_____**
2. **Will there be more than one employee that is not a resident of the dwelling?_____**
3. **Will there by any exterior signs or display that will indicate any accessory use of the property?_____**
4. **Will all sale of commodity, goods or products be mail order or consignment?_____**
5. **Will all equipment, materials and work in progress be confined to the principal dwelling structure, excluding an attached garage?_____**
6. **Will the activity project any obnoxious sound, odor, smoke, light or in any way create any nuisance or adverse conditions upon the adjoining properties or neighborhood?_____**
7. **Will the occupation occupy more than 25% of the total floor area (including a basement) of the dwelling, exclusive of an attached garage?_____**
8. **List the hours the business will be operated._____**
9. **Will the activity create a need for off-street parking, pedestrian and vehicular traffic, sanitary sewer and storm sewer usage, public water usage as well as other municipal services in excess of the normal and usual levels for other residential dwellings?_____**
10. **Is there any other accessory use or activity being carried on at this residence?_____**
11. **Have you read the Home Occupation regulations and agree to abide by these regulations?_____**

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

_____
Applicant's Signature

I HAVE REVIEWED THE ABOVE APPLICATION AND APPROVE SUCH USE ON THE PREMISE.

_____	_____	_____
Owner's Signature	**Address**	**Telephone**

THERE WILL BE A $50.00 PERMIT FEE TO BE PAID AT THE TIME THE PERMIT IS ISSUED, AND $10.00 ANNUAL RENEWAL FEE IN MARCH OF EVERY YEAR. AT THE TIME OF PAYMENT, PLEASE MAKE *CHECKS PAYABLE* TO: CITY OF TOPEKA. PLEASE DO NOT INCLUDE PAYMENT AT THIS TIME.

Return form to:

City of Topeka Planning Department
620 SE MADISON STREET, 3rd Floor
TOPEKA KS 66607
(785) 368-3728

DATE OF APPROVAL_____
ZONING INSPECTOR:_____
DIRECTOR:_____

Revised 10/24/03