

HOME OCCUPATION APPLICATION

Answer the following questions, continue your answers on another sheet if necessary.

Applicant Information	Business Information
Name	Business Name
Address	Business Location
City, State, & Zip Code	City, State, & Zip Code
Phone Number	Phone Number
Email Address	Website Information

- What will be your hours of operation? _____ to _____ How many days a week? _____
- Briefly describe your business (i.e., woodworking, telephone solicitation, crafts, tutoring, etc.) _____
- What is the maximum number of visitors you expect to generate from the proposed home occupation in any 24-hour period? _____
- List or describe in detail the type of equipment, vehicles, and materials used in the performance of this occupation: _____
- In what location of the property do you propose to operate your business? (i.e., basement, garage, backyard, bedroom, etc.) _____
- Do you plan to make any physical alterations to your home in order to operate your business? If so, explain: _____
- Will individuals other than members of the immediate family residing on the premises be employed in the home occupation? _____
- If you've answered "yes" to question 7 above, briefly summarize the duties and extent to which individuals residing elsewhere are involved in the home occupation. _____
- Will any merchandise be sold on the premises? _____
- Please initial if you agree with the following statements:
 - _____ This is my primary residence.
 - _____ There will be no evidence, other than a name plate, to indicate from the exterior of the home that the dwelling is being utilized in part for any purpose other than a dwelling.
 - _____ My business will not generate more than four visitors per day.
 - _____ No merchandise will be sold on the premises.

I do hereby affirm that the above answers and statements are true and accurate to the best of my knowledge and I agree to operate the home occupation as proposed herein within the context and parameters as indicated in these answers and statements, as well as in conformance with the Zoning Ordinances of the City of Sioux Falls. (For your convenience, the ordinance has been reprinted on the back of this application.)

Applicant's Signature _____

Date _____

Home Occupations. Home Occupations are those secondary uses allowed on a premises in conjunction with the following:

- (a) The occupation must be conducted within a dwelling unit.
- (b) The occupation must be clearly incidental and secondary to the principal use of the dwelling for dwelling purposes.
- (c) Only members of the immediate family residing on the premises may be employed by or participate in the home occupation.
- (d) The entrance to the space devoted to the occupation must be from within the building.
- (e) There can be no evidence other than the nameplate referred to in division (f) below that will indicate from the exterior that the building is being utilized in part for any purpose other than that of a dwelling.
- (f) There is used no sign which is attached to the building other than a nameplate. The sign shall not be illuminated and shall not be more than one square foot in area.
- (g) These occupations shall not require substantial internal or external alterations or involve construction features not customary in a dwelling.
- (h) No merchandise, including samples, can be sold on the premises.
- (i) The business will generate no more than four (4) visits per day from clients or customers.
- (j) Materials that are combustible, toxic or consist of any animal or vegetable matter cannot be stored on the premises.
- (k) Any process which will cause odor, dust, glare, noise, heat or vibration which would have a negative effect on adjacent properties would not be allowed.
- (l) A building permit shall be secured for all home occupations in conformance with the procedure outlined in §160.705 through 160.712.