



File #	City Council Hearing Date:	Legistar #
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APPLICATION FOR HOME OCCUPATION PERMIT 'TYPE B'
To accompany a Special Land Use Permit application

Applicant: _____

Address: _____

Land Lot _____ District _____ Parcel _____ Ward _____ Zoning _____

Phone: _____ Email _____

**All Home occupations must be conducted within the bona fide residence of the principal practitioner.
Answer these questions as completely as possible.**

1. Will any employees participate in the business at this location other than those living at the address given?

2. Will any commercial sign be erected at this location? _____ If yes, please attach a drawing of the sign to this application.
3. Describe all products, articles or services connected with this home occupation: _____

4. Will any mechanical equipment be used? _____ If yes, please describe: _____

5. Describe the portion of the home to be used for this home occupation: _____

6. Will the occupation be conducted entirely within the home? _____
7. Will customers call at this location by phone or in person? _____
8. What, if any, commodities will be stored on the premises? _____

9. Describe all business vehicles which will be use for this home occupation: _____

10. **On an attached page, please provide a brief written description of the business, and include any variances from the regulations that are being requested.**

The preceding questions have been answered completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read the City of Marietta Code as it relates to Home Occupation requirements and I am aware that failure to comply with said requirements may result in revocation of my business license and/or legal action by the City of Marietta.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Decision by City Council: _____ **Date:** _____