

CITY OF WILLOUGHBY HILLS - CUSTOMARY HOME OCCUPATION PERMIT APPLICATION

FOR OFFICIAL USE ONLY:

Recd. By \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit # \_\_\_\_\_

Complete the following and sign below. Please PRINT or TYPE.

Name of company \_\_\_\_\_

Name of owner / proprietor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date business began on premises \_\_\_/\_\_\_/\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Fed. ID No. or Social Security No. used for business \_\_\_\_\_

Type of work, activity, or use of property on premises \_\_\_\_\_

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW IN FULL \*

Owners - Officers - Partners - Employees of Home Occupation

1. 2. 3.

Name \_\_\_\_\_

Position \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Truck - Van - Automobile - Trailer - and/or Other Equipment Used For Business\*

Maximum permitted gross vehicle weight is 10,000 pounds.

Also list personal vehicles of employees and others that may be parked on premises regularly.

Vehicle ID No. Color Type Model License No. Gross weight

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL SQUARE FOOTAGE USED FOR BUSINESS (building & land): \_\_\_\_\_ sq. ft.

Applicant (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

Building / Zoning Inspector (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

Note: New permit fee - \$75.00. Permit will expire on January 31.  
Renewal permit fee - \$50.00 if paid before expiration date. After January 31 new fee applies.

Make check payable to: CITY OF WILLOUGHBY HILLS  
Return form and fee to: Building/Zoning Dept. - 35405 Chardon Road - Willoughby Hills OH 44094

\*USE OTHER SIDE IF NEEDED

**CUSTOMARY HOME OCCUPATION PERMIT APPLICATION  
(CONTINUED)**

**Owners - Officers - Partners - Employees of Home Occupation**

	4.	5.	6.
Name	_____	_____	_____
Position	_____	_____	_____
Home address	_____	_____	_____
	_____	_____	_____
Telephone No.	_____	_____	_____
Soc. Sec. No.	_____	_____	_____

**Owners - Officers - Partners - Employees of Home Occupation**

	7.	8.	9.
Name	_____	_____	_____
Position	_____	_____	_____
Home address	_____	_____	_____
	_____	_____	_____
Telephone No.	_____	_____	_____
Soc. Sec. No.	_____	_____	_____

**Truck - Van - Automobile - Trailer - and/or Other Equipment Used for Business**

Maximum permitted gross vehicle weight is 10,000 pounds.

Also, list personal vehicles of employees and others that may be parked on premises regularly.

Vehicle ID No.	Color	Type	Model	License No.	Gross weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____