APPLICATION FOR HOME OCCUPATIONS PERMIT

This application and the Louisa County Zoning Ordinance can be viewed at www.louisacountyiowa.org

OFFICE HOURS
MONDAY - FRIDAY
8AM - 4:30PM

LOUISA COUNTY ZONING DEPARTMENT
117 S. MAIN ST, P.O. BOX 284
WAPELLO, IA 52653-0284

TEL: 319-523-6111
FAX: 319-523-8175
asrdept@louisacountyiowa.org

APPLICANT INFORMATION (Please Print or Type)

Name of Property Owner: _____ Phone # _____
Address: _____
_____

PROPERTY INFORMATION

E911 Location Address of the Property: _____
PARCEL # _____ ACRES / AREA: _____
LEGAL DESCRIPTION OF PROPERTY: SECTION: _____ TWP: _____ RNGE: _____
Additional Legal Description: _____
Current use of any structure(s) on the property: _____
_____
_____

PROPOSED HOME OCCUPATION INFORMATION

Proposed home occupation: _____
_____
_____
Name of proposed home occupation:_____

☐ **My home occupation will be conducted entirely within my home: HOME BUSINESS**

☐ I have reviewed county zoning regulations pertaining to a Home Business and my proposed home occupation will comply with those requirements. (See page 2 of this application for Home Business regulations.)

☐ **My home occupation will be conducted all or partially within my accessory building: HOME INDUSTRY**

☐ I have reviewed county zoning regulations pertaining to a Home Industry and my proposed home occupation will comply with those requirements. (See page 3 of this application for Home Industry regulations.)

APPLICANT SIGNATURE

I certify that the above information is true and correct to the best of my knowledge, and that all work will be completed in accordance with the Louisa County, Iowa Code. I hereby consent to allow a site inspection of the location specified above to verify land use and compliance with the regulations of the Louisa County Zoning Ordinance.

_____ _____ OWNER / BUILDER / AGENT
Signature of Applicant Date (Relationship to Land Owner)

********** OFFICE USE ONLY **********

ZONING DISTRICT: **C-1** **A-1** **R-1** **B-1** **I-1** **F-1** FLOOD PLAIN: **YES** **NO**

Application Fee Recvd: $_____ Ck# _____ Rcpt# _____ Treas. Rcpt# _____

APPLICATION: ☐ APPROVED, permit #_____ ☐ NOT APPROVED: _____
_____.

_____
Authorization of Zoning Administrator Date

You have the right to appeal this decision in a Public Hearing before the Zoning Board of Adjustment.