



## TOWN OF JONESBOROUGH

123 BOONE STREET  
JONESBOROUGH, TN 37659  
TELEPHONE (423) 753-1030  
FAX (423) 753-1074

### APPLICATION FOR INCIDENTAL HOME OCCUPATION PERMIT

Applicant Name \_\_\_\_\_  
Address of Home Occupation (Street Address) \_\_\_\_\_  
Zoning \_\_\_\_\_  
Name of Proposed Home Occupation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Property Owner Name (If different from applicant) \_\_\_\_\_  
Property Owner Address \_\_\_\_\_  
Property Owner notified (If different from applicant) \_\_\_\_\_

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Briefly describe your proposed business and the business activity at the residence:

*Note: Attach additional comments if needed*

Total livable area of residence \_\_\_\_\_

Total square footage of residence: \_\_\_\_\_ Square footage used for Business: \_\_\_\_\_

Will any signage be erected at this location? \_\_\_\_\_ If yes, please attach a drawing of the sign

*Note: Sign area limited to 2.25 square feet*

Describe all products, articles or services connected with home occupation: \_\_\_\_\_

*Note: Retail sales are generally prohibited through a Customary Incidental Home Occupation. If products are produced for sale, describe products, and why sales out of the home should not be considered prohibited retail sales. Attach comments if needed,*

Describe the portion of the home to be used for this home occupation: \_\_\_\_\_

Will customers call at this location by phone or in person? \_\_\_\_\_

What, if any, commodities will be stored on the premises? \_\_\_\_\_

Describe any business vehicle which will be used for this home occupation \_\_\_\_\_

Will business be conducted entirely within the home? \_\_\_\_\_

Is business in an accessory building? \_\_\_\_\_ If so what is square footage \_\_\_\_\_

Did accessory building pass code inspection? \_\_\_\_\_

Is site plan attached to Application \_\_\_\_\_

Are their restrictions and if so provide documentation of subdivision restrictions that might impact the appropriateness of the home occupation Yes \_\_\_\_\_ No \_\_\_\_\_

Is there is a Home Owner's Association Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Home Owner's Association or designated person who facilitates communication within the subdivision \_\_\_\_\_

Provide site plan parking arrangements for visitors or employees \_\_\_\_\_  
\_\_\_\_\_

Approved by Planning Commission \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Secretary of Planning Commission