



**APPLICATION FOR HOME OCCUPATION  
CONDUCTED IN AN ATTACHED OR DETACHED GARAGE**

Community Development Department  
100 N. Appleton St. PH: 920-832-6468  
Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

**GENERAL INFORMATION (please type or print)**

Applicant Name		Phone	E-mail	
Location of Home Occupation (Street Address)		City	State	Zip
<input type="checkbox"/> Attached Garage or <input type="checkbox"/> Detached Garage		Property Tax # (31-0-0000-00)		Current Zoning
Property Owner Name (If Different from Applicant)		Phone		
Property Owner Address (Street Address)		City	State	Zip

**HOME OCCUPATION DESCRIPTION/ OPERATION DETAILS**

Describe your proposed business and the business activity, list products for sale and/or offered for rental as part of this business, list materials, equipment kept on-site and used for this business, list mechanical equipment and hand-tools used on-site as part of this business and list type and quantity of solvents, paints, or other hazardous chemicals used on-site as part of this business: **(may be attached as separate sheet)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total square footage of garage	Square footage used for business	Will a non-family member be employed at this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where on-site will they park their vehicle: _____
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Will clients be coming to this site?  Yes  No  
If yes, answer the following questions:

a. By appointment?  Yes  No    b. How many clients will be on-site at any one time: \_\_\_\_\_

c. How many clients will visit the on-site per day? \_\_\_\_\_    d. Where on-site will they park their vehicles? \_\_\_\_\_

Business Hours of Operation _____ am/pm to _____ am/pm	Any interior or exterior alterations or construction required for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____
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Will your business have a wall sign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following questions: Size of proposed wall sign: _____ Where will the wall sign be placed: _____	Will your business have a company vehicle be kept at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the make and model of the business vehicle kept at this address: _____
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Date	Owner/Applicant Signature (Applicant must provide written proof of authorization, if not the property owner)
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**OFFICE USE ONLY**

PERMIT # \_\_\_\_\_ Application Complete \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_



**CITY OF APPLETON  
APPLICATION FOR HOME OCCUPATION  
CONDUCTED IN AN ATTACHED OR  
DETACHED GARAGE**

**CONDITIONS OF APPROVAL**

1. The home occupation shall be incidental and subordinate to the residential use of the dwelling and shall be conducted entirely within the garage.
2. The home occupation shall be conducted by a member of the family residing on the premises.
3. The total area used for the home occupation shall take up no more than three hundred (300) square feet or thirty percent (30%) of the gross floor area of the attached or detached garage, whichever is less.
4. No internal or external alterations or construction of the dwelling or garage shall be permitted, including the creation of a separate or exclusive business entrance.
5. There shall be no other exterior indication that a home occupation exists, except for a wall sign.
6. No equipment shall be used which creates offensive noise, vibration, sound, smoke, dust, odors, heat, glare, X-rays or electrical disturbance to radio or television transmission in the area that would exceed what is normally associated with a residential use.
7. Only one (1) business vehicle shall be permitted to be located at the residence in conjunction with the home occupation. The home occupation vehicle must be of a type ordinarily used for conventional passenger transportation (i.e., passenger automobile or vans and pickup trucks not exceeding a payload capacity of one (1) ton).
8. No outdoor display or storage of materials, goods, supplies or equipment shall be allowed at the residence in conjunction with the home occupation.
9. One (1) non-illuminated wall sign that does not exceed two (2) square feet in area shall be allowed.
10. The sale and/or rental of products associated with the home occupation are permitted on an appointment basis only.
11. Only one (1) person may be employed on the site in connection with the home occupation who is not an actual resident of the dwelling unit.
12. There shall be no business visits and/or nonresident worker arrivals or departures allowed before 8:00 a.m. or after 8:00 p.m.
13. Clients in conjunction with the home occupation will be limited to no more than ten (10) per day. No more than two (2) clients may visit at one (1) time.
14. Off-street parking spaces shall be available for clients and employees during business hours.
15. Off-street parking spaces for the dwelling shall be maintained as required by the Zoning Ordinance.
16. Deliveries to the home occupation shall be made by passenger vehicles, mail carriers, or step vans (UPS, Federal Express).
17. All doors and windows of the attached or detached garage shall be kept closed at all times during the hours of operation of the home occupation, except when entering and exiting.
18. This home occupation permit shall not be transferred to any individual, firm or another address, nor shall the permit authorize any person, other than the person named therein, to commence or carry on the home occupation for which the permit was issued.

**Additional Specific Conditions:**

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**Approved with conditions as noted above and pursuant to the attached site plan.**

**Denied**

**Community Development** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permit Submittal Requirements**

- Completed and signed Home Occupation Permit Application
- A scaled site plan drawing, identifying the following:
  - ✓ Property lines and dimensions
  - ✓ Location of all existing structures/buildings
  - ✓ Location of driveway, off-street parking spaces for customers, employee, and resident vehicles
  - ✓ Floor plan: Room layout showing location and size of the home occupation including location of materials, products, equipment, work area, walls, door, windows, etc..
- Owner's Letter of Authorization or owner's signature on the application authorizing the proposed temporary use and/or structure.

**(SAMPLE) AGENT AUTHORIZATION LETTER**

DATE: \_\_\_\_\_

TO: City of Appleton  
Community Development Department  
100 N. Appleton Street, Appleton, WI 54911

RE: \_\_\_\_\_  
(Home Occupation name)

The undersigned, \_\_\_\_\_, is the owner of property known as \_\_\_\_\_.  
(Property Owner name) (Address, tax key number)

The undersigned authorizes \_\_\_\_\_ to sign and file an application on behalf of \_\_\_\_\_.  
(Applicant name) (Property Owner name)

to \_\_\_\_\_. \_\_\_\_\_ also authorizes \_\_\_\_\_ to execute any and all  
(Describe Project) (Property Owner name) (Applicant name)

other documentation and/or applications required by the City.

Executed as of the day and year first above set forth.

\_\_\_\_\_  
Signature of property owner

OFFICE USE ONLY

**Administrative Reviews**

**Recommendations: A = Approved**

**CA = Conditionally Approved**

**D = Denied**

A  CA  D  **Community Development** by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Fire Department** by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Inspections Division** by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Health Department** by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Police Development** by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_