



City of Fostoria
213 S. Main St.
Fostoria, OH 44830
zoning@fostoriaohio.gov

BOARD OF ZONING APPEALS APPLICATION FOR HOME OCCUPATION

Fee \$100.00

Application No. _____

The undersigned requests a Home Occupation Permit for the use specified below. Should this application be approved, it is understood that it shall authorize that particular use described in this application and any conditions or safeguards required by the Board.

Applicant _____

Address _____

Phone/ Home _____ Business _____ FAX _____

Email Address _____

Type of Home Occupation _____

Provide a detailed description of the proposed Home Occupation including such items as (a) activities involved; (b) materials and equipment used; and (c) methods of operation.

In addition, please respond to the following questions. (Use a separate sheet if additional space is needed.)

1. How many persons will be involved or employed in the conduct of the proposed occupation?
Residing family members _____ Others _____ Total _____

2. What type of product or service will be sold or offered from your home?

3. Describe any alterations to the home or premises that might be required to facilitate your Home Occupation.

4. Describe what rooms will be used in the conduct of the Home Occupation and how these rooms will be used. Also indicate the total square feet of the home plus the square feet of the area to be used as Home Occupation. Also indicate the hours the home occupation will be open to the public. (Example: Garage will be used to store supplies, home is 900 sq. ft.; den is 200 sq ft.; open 9:00am to 5:00 pm., 5 days a week.)

5. Describe how, where, and in what amount the material, supplies, and/or equipment related to your proposed occupation will be displayed or stored.

6. Will people come to your home to obtain any product or utilize any service connected with the

proposed Home Occupation activity: Yes ___ No ___

7. Are any signs necessary or proposed relative to the Home Occupation? Yes ___ No ___ If yes, Please describe type, size and location. _____

8. Will the Home Occupation involve the use of commercial vehicles for delivery of materials to or from the premises? Yes ___ No ___
Will the Home Occupation involve the storage or parking of commercial vehicles/ business vehicles? Yes ___ No ___ If yes, please describe how many and submit a plan for parking the vehicles and the hours that they will be at the home. _____

9. Is your proposed Home Occupation in conformance with the conditions, covenants, and restrictions pertaining to your property? Yes ___ No ___
Supporting Information: Attach a plan showing the location of the buildings, parking and loading spaces and a floor plan of the dwelling, showing the location of the rooms used as the occupation and their sizes.

I hereby declare that the above and attached information is correct and that the building and/or land will be constructed or used as stated herein.

Date Submitted

Signature of Applicant

(FOR OFFICIAL USE ONLY)

Date Filed _____ Date of Notice to Newspaper _____

Date of Public Hearing _____ Fee Paid _____ Receipt No. _____

Decision of Board of Zoning Appeals: Approved / Denied _____

If approved, the following conditions and safeguards are prescribed:

If denied, the reasons for denial are:

Date

Secretary, Board of Zoning Appeals

Chairman, Board of Zoning Appeals