

HOME OCCUPATION PERMIT APPLICATION

City of Radcliff Planning Department
411 West Lincoln Trail Blvd., P. O. Box 519
Radcliff, KY 40159-0519
270-351-1875



This application complies with requirements contained in Article IX of the Radcliff Zoning Ordinance and General Development Regulations.

Applicant's Name: _____

Address: _____

Phone Number: _____

Home Occupation Name: _____

Zoning Classification: _____ Check One: Owner Renter

Please answer the following questions:

1. What is the nature and type of home occupation requested? _____

2. What are the proposed hours of operation? _____

3. Will the home occupation be operated solely within the dwelling unit and operated solely by the person living in the unit? _____ If no, please explain: _____

4. Will there be any external evidence that a home occupation is being conducted within the home? ___
If yes, please explain: _____

5. What is the approximate area (in square feet) of the dwelling unit which will be used for the home occupation? _____

6. Will the home occupation involve any employees who do not reside at the residence? _____
If yes, how many? _____

7. Will the home occupation involve any delivery vehicles or create other types of commercial traffic? ___
If yes, please describe the type and frequency of deliveries and/or commercial traffic: _____

8. Will the home occupation involve client and/or consumer traffic? _____

If yes, please describe the total number expected any one time and during any given day:

Number at one time: _____ Total number during one day: _____

9. What is the number of parking spaces provided on your lot at this time? _____

10. Will additional parking be provided for the home occupation permit? _____

If yes, please provide a sketch which illustrates the location, number and size of the spaces to be provided as well as the location of the spaces used in conjunction with the dwelling unit(s).

11. Does the home occupation involve the creation of any noise, heat, light, dust, odors or vibrations which are noticeable outside the boundary of the property? _____

If yes, please describe such conditions: _____

12. In your opinion, will the requested home occupation detract from the quality of life within the neighborhood? _____

13. Are there recorded private covenants, deeds, or subdivision regulations, which apply to the property under consideration? _____ If yes, please attach a copy to this application form.

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Property Owner(s) / Applicant(s) Signature Title Date

FOR OFFICIAL USE ONLY

Received by: _____ Date Received: _____

Planning Official Approval: _____ Planning Commission Approval: _____

Planning Official Disapproval: _____ Planning Commission Disapproval: _____

Planning Commission Chair / Planning Official: _____ Date: _____

I ADVISED THE APPLICANT OF NO SIGNS AND NO EXTERNAL EVIDENCE