

PERMIT NO: _____

**CITY OF MCHENRY
HOME OCCUPATION PERMIT APPLICATION**

1. HOME OCCUPATION SITE

A. NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

B. PROPERTY OWNER'S NAME: _____

ADDRESS: _____

PHONE _____ CELL: _____

2. HOME OCCUPATION USE

A. NAME OF BUSINESS: _____

B. BUSINESS PHONE NO: _____

C. TYPE OF BUSINESS: _____

D. HOURS OF OPERATION: _____

E. NUMBER OF PERSONS (INCLUDING APPLICANT) WORKING ON SITE IN HOME OCCUPATION BUSINESS: _____

LIST NAMES AND ADDRESSES BELOW:

NAME	ADDRESS
_____	_____
_____	_____

F. TAX I.D. NUMBER: _____

G. ATTACH A PLAT OF SURVEY SHOWING LOCATION OF ALL BUILDINGS AND IDENTIFY PARKING AREAS.

H. ESTIMATE THE NUMBER OF VISITORS PER DAY ASSOCIATED WITH THE HOME OCCUPATION USE: _____

I. IDENTIFY ALL AREAS AND SQUARE FOOTAGE OF THE HOUSE THAT WILL BE USED FOR THE HOME OCCUPATION
(EXAMPLE: 2ND FLOOR REAR BEDROOM, 10' X 10' = 100 SQ FT) _____

I HEREBY DECLARE THAT THE INFORMATION HEREIN AND ATTACHED IS CORRECT AND AGREE, IN CONSIDERATION OF AN UPON ISSUANCE OF PERMIT, TO COMPLY WITH ALL HOME OCCUPATION REGULATIONS AND OTHER RELATED ORDINANCES AND SHALL ONLY USE THE BUILDING FOR THE PURPOSE SET FORTH.

SIGNED: _____ DATE: ____/____/____

THIS PERMIT IS GRANTED AND ACCEPTED WITH THE EXPRESS UNDERSTANDING AND AGREEMENT THAT SAID BUSINESS AND CONNECTIONS SHALL CONFORM IN ALL RESPECTS WITH THE ORDINANCES OF THE CITY OF MCHENRY PERTAINING TO HOME OCCUPATIONS.

SIGNED: _____ DATE: ____/____/____

DIRECTOR OF CONSTRUCTION AND NEIGHBORHOOD SERVICES

CITY OF MCHENRY, 333 S GREEN STREET, MCHENRY IL 60050 815-363-2170