

**HOME OCCUPATION PERMIT APPLICATION FORM**

Permit Number (Office Use Only): \_\_\_\_\_

Inspection Date: (Office Use Only): \_\_\_\_\_

Permit Issued (Office Use Only): \_\_\_\_\_

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**CITY OF WEST PEORIA**

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Facsimile: (309) 674-6010

**ALL FEES ARE NON-REFUNDABLE**

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This application will not be accepted unless all required information is completed.

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**HOME OCCUPATION SITE:**

Address: \_\_\_\_\_ Tax Identification: \_\_\_\_\_

00-00-000-000

Own  Lease  If Applicant leases the location, owner must authorize this application

**HOMEOWNER'S NAME**

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

**HOME OCCUPATION USE**

Full Name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Number of persons, including applicant, working on site of home occupation: \_\_\_\_\_

**LIST NAMES OF PERSONS WORKING ON SITE**

1. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Describe anticipated deliveries (number per week, type of delivery vehicle, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Will there be a vehicle used in connection with the home occupation use:  Yes  No

Estimated number of visitors per day associated with home occupation use: \_\_\_\_\_

Present zoning of Property: \_\_\_\_\_

Property Lot Size: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Total Square footage of area: \_\_\_\_\_ ft by \_\_\_\_\_ ft

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Homeowner: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Signature Date

Applicant: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Signature Date

**A Home Occupation may only be conducted in a dwelling unit provided that:**

1. No person other than members of the family residing on the premises engaged in such operation.
2. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than twenty five (25%) percent of the floor area of the dwelling unit shall be used in the conduct of the home occupation.
3. There shall be no change in the outside appearance of the building or premises, or other visual evidence of the conduct of such home occupation other than one sign, not exceeding one square foot in area, non-illuminated, and mounted flat against the wall of the principal building.
4. No home occupation shall be conducted in any accessory building.
5. There will be no direct sales and/or rentals of products off display shelves or racks.
6. No traffic shall be generated by such home occupation in greater volume than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a required front yard.
7. No equipment or process shall be used in such home occupation, which creates noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses off the lot, if the occupation is conducted in a single-family residence, or outside the dwelling unit if conducted in other than a single-family residence. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.

\_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

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Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Collected: \_\_\_\_\_

Inspector #1: \_\_\_\_\_

Signature

Date

Title: \_\_\_\_\_

Position

Inspector #2: \_\_\_\_\_

Signature

Date

Title: \_\_\_\_\_

Position

Zoning Department: \_\_\_\_\_

Signature

Date

PERMIT APPROVED:

Yes

No

**Comments:**

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