

APPLICATION FOR CUSTOMARY INCIDENTAL HOME OCCUPATION
CITY OF MEDINA TENNESSEE

DATE OF APPLICATION: _____ OPENING DATE OF OPERATION: _____

APPLICANT NAME: _____ BUSINESS NAME: _____

ADDRESS: _____

CONTACT PHONE NO.: _____ BUSINESS PHONE NO.: _____

SUBDIVISION NAME: _____ ZONING CLASSIFICATION: _____

NATURE OF BUSINESS: _____

THE FOLLOWING CONDITIONS MUST BE AND APPROVED BY THE CITY BUILDING INSPECTOR:

1. PROPOSED USE SHALL BE LOCATED AND CONDUCTED THE PRINCIPAL BUILDING ONLY.
- 2- PRINCIPALS AND EMPLOYEES ENGAGED IN THE BUSINESS OPERATION SHALL BE RESIDENTS OF THE DWELLING IN WHICH THE PROPOSED USE IS LOCATED.
3. NOT MORE THAN FIFTEEN (15) PERCENT OF THE TOTAL FLOOR AREA IN THE DWELLING SPACE SHALL BE DEVOTED TO PROPOSED USE.
- 4- PROPOSED USE SHALL NOT CONSTITUTE PRIMARY OR INCIDENTAL STORAGE FOR A BUSINESS, INDUSTRIAL, OR AGRICULTURAL ACTIVITY.
5. NO ACTIVITY, MATERIALS, GOODS, OR EQUIPMENT INDICATIVE OF PROPOSED USE SHALL BE VISIBLE FROM ANY PUBLIC WAY.
6. PROPOSED USE SHALL NOT ADVERTISED BY THE DISPLAY OF GOODS OR SIGNS ON THE LOT ON WHICH IT IS LOCATED.
7. PROPOSED USE SHALL NOT GENERATE NOISE, ODOR, FUMES, SMOKE, VEHICULAR OR PEDESTRIAN TRAFFIC, NOR NUSANCE OF ANY KIND. WHICH WOULD TEND TO DEPRECIATE THE RESIDENTIAL CHARACTER OF THE NEIGHBORHOOD IN WHICH THE PROPOSED USE IS LOCATED.
8. THE PROVISIONS IN THE ZONING ORDINANCE OF SHALL NOT PERMT THIS TYPE OF USE FOR BARBER SHOPS, BEAUTY SHOPS, FLORISTS SHOPS, BUSINESS OFFICES OR PROFESSNAL OFFICES.

I UNDERSTAND THAT AS APPLICANT AND OPERATOR OF THE PROPOSED USE, THE CONDITIONS FOR THIS USE AS LISTED MUST BE MET. THIS INSTRUMENT WILL BE CONSIDERED A PERMIT FOR THE PROPOSED USE, WHEN APPROVED BY THE PROPER AUTHORITY. I ALSO UNDERSTAND THAT FAILURE TO MAINTAIN THE LISTED CONDITIONS CAN RESULT IN REVOCATION OF THIS PERMIT.

APPLICANT:: _____ DATE: _____

CIRCLE ONE: APPROVED DENIED

By: _____