

**CITY OF WRIGHT CITY
HOME OCCUPATION
CONDITIONAL USE PERMIT APPLICATION**

Date Submitted _____

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number _____

Name of Business _____

Reason for Conditional use permit _____

Property Description (legal description) _____

Zoning District Where Property is Located _____

Property Owner's Name _____

Property Owner's Address _____

Property Owner's Telephone Number _____

Description of Project _____

1. What type of product or service will be produced, serviced, repaired or sold?

2. What room(s) in the home or area will be used in conducting this occupation and how will each of these rooms/areas be used?

3. Describe the mechanical and/or electric equipment that will be necessary to conduct this occupation

4. Will any people be coming to the home to obtain any product or utilize any service connected with this occupation? YES _____ NO _____ If yes, please explain in detail:

I have read the above application and understand the content thereof and certify the same to be true and correct. I further state that I am familiar with the laws governing the issuance of a conditional use permit and the penalties for non-compliance. I understand that the Planning & Zoning Commission could require additional information, which must be submitted before the application is considered.

Applicant's Signature Date

Property Owner's Signature of Approval Date

Fees:

Per Section 400.060 of Wright City Municipal Code, All costs plus 15 percent to be borne by the applicant with a minimum fee to be \$200.00

Publication Fees \$ _____

Postage Fees \$ _____

Total Amount Paid \$ _____ Date _____

Public Hearing Publication Date _____ Public Hearing Date _____

Date Approved by Planning & Zoning Commission _____