



Home Occupation Permit Application

CITY OF ALEXANDRIA

8236 West Main Street
Alexandria, Kentucky 41001

Phone: (859) 635-4125
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Email: forms@alexandriaky.org
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(Per Alexandria Zoning Ordinance, Section 3.12)

Applicant: _____ FED. ID#: _____

Business: _____

Address: _____

Type of Business: _____ No. of Employees: _____

Phone: _____ Other Phone: _____

- Please describe the home occupation and the activities that will be conducted on the premises: _____

- Will anyone other than members of the family residing at the property be involved in the proposed home occupation? Yes No

- Will the proposed home occupation involve any group instruction, assembly, or activities?
Yes No If yes, describe: _____

- Will the use of the dwelling unit for the home occupation be clearly incidental and subordinate to its use for residential purposes by the occupants? Yes No
If no, describe: _____

- Will the proposed home occupation involve the use of any more than twenty-five percent (25%) of the gross floor area of any one floor of a dwelling unit (including any basement or cellar floor)? Yes No
*(*Attach a scaled sketch of dwelling, indicating floor area of use for the home occupation and total area of floor of dwelling.)*

- Will there be any interior or exterior remodeling for proposed space? Yes No
*(*If yes, complete a building permit application)*

- Will the proposed home occupation involve any exterior storage or materials on the premises? Yes No If yes, describe: _____

- Will the proposed home occupation involve any exterior storage or materials on the premises? Yes No If yes, describe: _____
- Will the proposed home occupation be conducted in any accessory building? Yes No
- How will material be delivered to your home? _____
- How will materials be delivered **FROM** your home? _____
- Number of deliveries estimated per week? _____
- Will the proposed home occupation generate any motor vehicle or pedestrian traffic greater than normal in a residential neighborhood? Yes No
- How many customers will come to the home per week? _____
- List types of equipment used in the home occupation: _____

- Will the proposed home occupation involve the use of any equipment or process which creates noise, vibration, flares, fumes, odors or electrical interference detectable to the normal senses? Yes No If yes, please explain: _____

- Do you have a current occupational license for:

Alexandria	Campbell County	Neither
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- Are any signs proposed? Yes No
(If yes, complete a zoning permit application)

I agree to abide by the terms of this permit.

Signature of Permit Applicant

Date

FOR OFFICE USE ONLY

BLDG Fee: \$ _____

C.O. Issued: _____ Yes _____ No

Approved On: _____

(Do not approve zoning until building inspection has been completed.)

Zoning Fee: \$ _____

By: _____

Zoning Appr On: _____

Total Due: \$ _____

Date PD: _____

**Signage for
Home Occupations**

Note: No Signs are allowed OFF premises or ON Public Right-of-Way.
(Only signs as described in Section 9.2(B) of the zoning regulations are permitted)

Section 9.2(B): "Professional name plates not exceeding one (1) square foot in outside area; single or double faced. Shall not be animated or illuminated."

Describe and indicate the location: _____

Sketch sign here: