



CITY OF CLIVE
 1900 NW 114th Street
 Clive, IA 50325-7077
 Phone (515)223-6221
 www.cityofclive.com

**APPLICATION FOR
 LEVEL 2 HOME OCCUPATION PERMIT**

Please see Home Occupation information sheet to determine level

DATE _____

APPLICANT INFORMATION

NAME	ADDRESS
PHONE	E-MAIL ADDRESS
NAME OF BUSINESS (if applicable)	BUSINESS PHONE
PLAT	LOT #

DESCRIPTION OF HOME OCCUPATION

- Will the business be conducted entirely within the home, approved accessory building or structure?
 Yes No Other _____
- Will there be storage of goods, materials, equipment, trailers or products outdoors?
 Yes No Other _____
- Will there be more than one non-occupant employee conducting work on the premises?
 Yes No Other _____
- Is employee parking provided on site?
 Yes No Other _____
- Please list your hours of business: _____
- How many clients do you expect per hour? _____
- Do you receive deliveries of goods or materials?
 Yes No Other _____
- If so, what carriers will be used? _____

I hereby certify that the above information is correct and agree to comply with all City Ordinances and State laws as it pertains to my business. I further agree to obtain all City, County, State and Federal permits, approvals and/or clearances. I understand that should I fail to comply with the agreed-upon conditions, my home occupation permit may be immediately revoked and that all other applicable penalties, including criminal prosecution, may be pursued. In addition to the above, I understand that if my home occupation will be conducted in a rented residence, I am required to provide a letter signed by the owner stating approval of the proposed business.

 Signature

 Date

This home occupation complies with the requirements for Level 2 Home Occupation (Minor Impact)

 Planner or Authorized Representative

 Date

cc: Fire Department
 Police Department