



FEE: \$45.00

SPRINGBORO

HOME OCCUPATION PERMIT

320 W. Central Ave.
Springboro, Ohio 45066
(937) 748-9791 PH
(937) 748-6860 FX
www.ci.springboro.oh.us

A signed copy of the *Guidelines for the Operation of Home Occupations* must be submitted at time of application.

ADDRESS: _____

<u>PLEASE PRINT</u>	Name	Address	Phone Number & Email <small>*BOTH REQUIRED TO PROCESS APPLICATION*</small>
Property Owner			
Occupant/Tenant			

Description of Proposed Business: _____

Percent of floor area used for business: _____ Number of family members engaged in business: _____

Wall Sign: -YES* -NO Size: _____ (4 sq.ft. max. non-illuminated) *Sign permit required

Will there be delivery trucks, customers, or additional traffic as a result of this business? -YES† -NO

†Please describe: _____

Type of equipment use in business: _____

I certify that all information provided is true and correct to the best of my knowledge.

Applicant Name: _____ Email: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Remarks: _____

Approved/Disapproved: _____ Date: _____