



City of Groveport  
Building & Zoning Department  
655 Blacklick St  
Groveport, OH 43125  
614-830-2045

Date: \_\_\_\_\_

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

**Fee: \$50.00**

**Submit 2 copies of detailed description of proposed Home Occupation**

## **Application for Certificate of Zoning Compliance for Home Occupation**

\_\_\_\_\_  
**Address of Home Occupation**

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Property Owners Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Square footage of home \_\_\_\_\_

Square footage of area to be used for Home Occupation \_\_\_\_\_

Number of non-resident employees \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Please answer the following questions:

1. Will the appearance of the dwelling be altered due to the operation of the Home Occupation? \_\_\_\_\_
2. Will equipment or processes be used that will create noise, vibration, glare, fumes, odors, or electrical interference? \_\_\_\_\_
3. Are the commodities or services produced on the premises? \_\_\_\_\_
4. Will a sign be erected for the Home Occupation? \_\_\_\_\_
5. Will there be outside storage of any kind in conjunction with the Home Occupation? \_\_\_\_\_

To the best of my knowledge, the above statements are in all respects true and accurate descriptions of the existing status and proposed plans for the property identified in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Contact phone number