



The City of Grand Mound
Home Based Business Permit Application

Applicant Name: _____

Property Owner's Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Description of the home-based business:

- 1) Are you applying for any of the following permitted home based businesses, such as professional, business, or office activities that are conducted in a manner that is clearly accessory and incidental to the residential use of the premises? _____
(Please mark which one)

- A. Adult day services (not including licensed adult day care).
- B. Art studio.
- C. Cake decorating.
- D. Ceramics.
- E. Computer programming.
- F. Consultant services.
- G. Childcare (not including licensed child care center).
- H. Dressmaking, sewing and tailoring.
- I. Film processing.
- J. Home cooking and preserving.
- K. Home crafts.
- L. Home office.

*If you mark yes, please do not complete the rest of this form.

- 2) Are you applying for any of the following Prohibited Home-Based Business Uses? _____
- A. Automobile repair, except that an individual residing on the premises may service such individual's own vehicle.
 - B. Contractor's shop.

- C. Recycling or salvage operations.
- D. Small engine repair.
- E. Welding services.

*If you mark yes, please do not complete the rest of this form.

3) If your proposed home based business is not any of the permitted or prohibited uses in question 1 or 2, you will need to apply for a conditional use home based business permit and answer the following questions

- A) Will the home-based business change the outside appearance of the dwelling or will it be visible from the street ? _____
- B) Will the business generate traffic, parking, sewage, or water use in excess of what is normal in the residential neighborhood? _____
- C) Will the business create a hazard to people or property, create an electrical interference, or become a nuisance? _____
- D) Will the business result in outside storage or display of any kind? _____
- E) Will the business employ more than self or family members residing on the premises?

- F) Will the business occupy more than 25 percent of the total floor area of the dwelling unit? _____
- G) Will the business require deliveries of materials to and from the premises involving the use of vehicles over two-ton capacity, except parcel post or similar parcel service vehicles? _____
- H) Will the business produce noise, vibration, smoke, odors, heat or glare which would exceed that normally produced by a single residence? _____
- I) Will the business be advertised by a sign on-site or off premises? _____
- J) Will the business between the customer and client be primarily by telephone, mail, fax, email, or website and not on the premises of the home-based business? _____
- K) Will the business between the customer and client be primarily by telephone, mail, fax, email, or website and not on the premises of the home-based business? _____
- L) Will services or sales conducted on the premises be by appointment only and will not be oriented toward, or attract, off-the-street customer or client traffic? _____

Home-Based Businesses as Conditional Uses. Any proposed home-based businesses not specifically prohibited or that employs up to two people who do not reside within the home herein shall be considered a conditional use and be granted or denied by the Zoning Board of Adjustment upon finding that the proposed home based business can meet the provisions of this section.

I hereby certify that the information provided on this application is accurate. I understand that a conditional use public hearing on the permit will be held prior to approval/denial by the Zoning Board of Adjustment. I certify that the home based business will comply with the City Code of Grand Mound, Iowa which is available from the City Clerk or online at www.cityofgrandmound.org. The granting of a permit does not presume to give authority to

violate or cancel the provisions of any state or local law, ordinance, or regulation. Violation of any of these ordinances or laws may result in the revocation of the permit. By my signature, I certify that I have read and understand the conditions of this permit.

_____ (Signature of Applicant) _____ (Date)

(OFFICE USE ONLY)

Date of the Public Hearing __/__/__ Notice Posted at Address__ City Hall __ Post Office __

A Conditional Use Home Based Business Permit is:

DENIED _____

Reason for Denial: _____

APPROVED _____

Conditions of the permits:

Permit Fee Paid: _____

Date Paid _____

Date Granted: _____

Permit Expires _____

_____ (Zoning Board of Adjustment Chairman Signature)

_____ (City Clerk/Zoning Administrator Signature)