

Community Development & Zoning Department

Application and/or Renewal of Home Occupation Permit Calendar Year: _____

Name:	
Business Name:	
Address:	
Email Address:	
Home Phone:	
Home Occupation Description:	
Year Business Established at this Address:	
Square Feet of Residence Occupied by Business:	
Number of Non-Resident Employees <u>:</u>	
Size of Sign in square feet:	
Signature:	
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Please return this completed application form to:
 City of Waverly
Community Development & Zoning
 Department
200 1st Street NE

For Staff Use Only:

City Zoning District: ______
Approved By: _____
Date: ____
Permit No: _____
Complaints: _____