

Parcel ID # _____

Complete in black or blue ink only

PERMIT # _____

Oneida County Zoning
P.O. Box 400
Rhineland, WI 54501

ONEIDA COUNTY HOME OCCUPATION CHECKLIST APPLICATION

Office Use Only: Photos to be scanned? Yes No
File name? _____

Owner's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -			
Applicant's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -			
Contractor's last name:		First:	MI:
Address:			
City:	State:	Zip:	
Telephone number: () -			

PROPERTY INFORMATION

Section:	Town:	Range:	Acres:
Legal Desc			
Directions to property:			
Nature of project:			

- YES NO Is the home occupation conducted only within the enclosed area of the dwelling unit or an attached or detached garage?
- YES NO Are there any exterior alterations that change the character of the dwelling unit or garage?
- YES NO Is there any visible evidence from the exterior of the dwelling unit or garage that indicates it is being utilized for any purpose other than that of a dwelling unit or garage, other than those signs permitted in the district?
- YES NO Is there any storage or display of materials, goods, supplies or equipment related to the operation of the home occupation visible from outside any structures located on the premises?
- YES NO Does the home occupation create any smoke, odor, glare, noise, dust, vibration, fire hazard, small electrical interference, electrical emissions, any nuisance not associated with the normal residential use in such a district, or other fire or safety hazards that are noticeably out of character with those normally associated with the typical residential use of such a district?
- YES NO Does the home occupation require the use of commercial vehicles for more than occasional delivery of materials to or from the property?
- YES NO Does traffic generated by the home occupation exceed that which is normally associated with the typical residential use of such a district?
- YES NO Is the sale of goods from the location of the home occupation limited to items produced on-site, and the sale of personal care and home care products made off-site, such as Tupperware, Shaklee, Amway and Avon, or similar products that are customarily sold from a residence?

9. YES NO Does the home occupation occupy more than 25% of the total floor area of the dwelling unit (excluding garage)? If a garage or other accessory structure is used, does the home occupation occupy more than 25% of the total floor area of the garage or accessory structure?
10. YES NO Are the persons employed at the home occupation site limited to resident family members and/or not more than one non-resident employee?
11. YES NO Does the home occupation include a vehicle repair or body work business?
12. YES NO Is the home occupation secondary and incidental to the residential use of the property?
13. YES NO Does the home occupation interfere with residential occupancy of other parcels in the neighborhood?

If you are not the owner of said property, written permission from the property owner must be submitted with this application to perform the proposed home occupation.

If at any time in the future your answer(s) to any of the above questions change, you may not be entitled to the identified home occupation.

Additional Comments:

APPLICANTS CERTIFICATION: The undersigned hereby applies for the above described home occupation checklist and certifies that the information provided is complete, accurate, and that all projects will be completed in compliance with the requirements of the Oneida County Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (owner/agent) _____ Date _____

Signature (owner/agent) _____ Date _____

OFFICE USE ONLY

<input type="checkbox"/> Conforming <input type="checkbox"/> Nonconforming	Zoning district:	Report code:
Remarks and/or conditions of issuance:		
This application has been reviewed pursuant to Ordinance dated: _____		
Total fee:	Receipt #:	Issued date:
Granted by: _____	Expiration date:	
Zoning Administrators signature (staff initials)		