Village of McFarland
Home Occupation Compliance Checklist

Applicant: _____

Address: _____

Daytime Phone: _____ Fax Number: _____

1. Describe the home occupation. If the occupation is production, assembly, or craft type, describe the process.

   _____

   _____

   _____

2. Will any vehicle repair or body work be done as part of the occupation? Yes / No (If yes, please describe.)

   _____

3. Will any storage, parking, or the displaying of objects be visible outside of the structure on the property?
   Yes / No (If yes, please describe.)

   _____

4. Does the home occupation require storage or the use of materials in an accessory building?
   Yes / No (If yes, please describe.)

   _____

5. Will any commercial vehicles be used for the operation of the home occupation?
   Yes / No (If yes, please list the type of vehicles to be used.)

   _____

6. What percentage of square footage of the residence will be used for the home occupation?

   _____

7. Number of non-resident employees who will work at the residence: _____

8. Is any remodeling planned as part of the occupation? Yes / No (If yes, please describe.)

   _____

9. Any sales to occur from the site? Yes / No (If yes, describe type and frequency.)

   _____

10. Will a sign be displayed on the residence/property? Yes / No (If yes, please describe.)

    _____

11. Could the home occupation create any of the following conditions (check any applicable):

- ☐ Environmental Hazard
- ☐ Health Hazard
- ☐ Smoke
- ☐ Odor
- ☐ Glare
- ☐ Dust
- ☐ Fire
- ☐ Electrical Interference
- ☐ Vibrations
- ☐ Noise
- ☐ Electrical Emissions
- ☐ Any other nuisance not normal to a residential district.

12. If any of the above conditions were checked, describe the condition in detail.

_____

_____

_____

I attest that all the information supplied is a true and accurate representation of the occupation conducted at the described address on this application.

_____ _____

Applicant Date

If the property owner is different than the applicant, supply property owner's name, address and daytime telephone number, along with owner's signature authorizing this occupation.

Owner's Name: _____

Address: _____

Daytime Phone: _____

I hereby authorize the described home occupation to be conducted at the listed residence.

_____ _____

Property Owner Date

As Zoning Administrator for the Village of McFarland, I have reviewed this compliance checklist and have determined this home occupation is / is not in compliance with Village of McFarland Municipal Code 62-230.

List areas of noncompliance:

_____

_____

_____

_____

_____ _____

Zoning Administrator Date