



Application for Home Occupation Permit

Russell County Zoning
401 N. Main, P.O. Box 113
Russell, KS 67665
(785) 483-6650

This form must be completed by the applicant and returned to the office of the Zoning Administrator.

An incomplete application cannot be accepted.

Applicant/Owner _____

Address _____ Phone: () _____

Agent, if any _____ Phone: () _____

Address _____

1. Legal description of property: _____

The property is located at (site address) _____

2. Zoning District _____

3. Proposed activity _____

4. Description of anticipated activity _____

5. Surrounding land use and zoning:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

7. Additional comments _____

The undersigned certifies that the information given herein is correct and that they will comply with the Zoning Regulations of Russell County, Kansas. Undersigned further understands that any permit which is issued, based upon false statement of any fact which is material to the issuance hereof, shall be void. Undersigned understands that this permit for a Home Occupation is subject to the following limitations:

- a. *The home occupation shall be conducted entirely within the principal residential building or in a private garage or accessory structure;*
- b. *No alteration of the principal residential building shall be made which changes the character thereof as a dwelling;*
- c. *Goods cannot be displayed visibly from the dwelling or on the grounds;*
- d. *No sign may be used which shall advertise the permitted use, other than one business sign, no larger than four square feet;*
- e. *No more than 25% of the dwelling area may be used for the home occupation;*
- f. *No outdoor storage of equipment, materials or supplies is permitted;*
- g. *Goods or stock for sale on or off the premises may be stored in enclosed areas, except articles which may constitute a hazard to the safety of adjacent property owners;*
- h. *No equipment shall be used which shall create undue noise, vibration, electrical interference, smoke or particulate matter emission, power demands, or odors which would exceed that produced by normal household equipment;*
- i. *No more than one person, other than a member of the immediate family occupying the dwelling, shall be employed*

Applicant agrees to furnish any additional information required for review and processing of this application.

_____	_____	_____	_____
Applicant (Owner)	Date	Authorized Agent (if any)	Date
_____	_____	_____	_____
Applicant (Owner)	Date	Authorized Agent (if any)	Date

For Office Use Only:

Date Filed _____
Fee Paid _____
Received By _____

Permit approved for: _____
on _____ (Date) By: _____ Zoning Administrator

Conditions attached to permit: _____

Permit denied _____ (Date) By: _____ Zoning Administrator

Reason for denial: _____

This permit is subject to cancellation if any misrepresentations have been made or if any changes are made, which violate zoning regulations. Zoning permits **DO NOT NULLIFY ANY DEED RESTRICTION VALIDLY FILED OF RECORD. This permit will become null and void 90 days after date of issuance unless the type of activity covered by the permit has commenced.** The use of the buildings and/or land as shown above conforms to the requirements of the Zoning Regulations of Russell County, Kansas. If the nature of this use changes, a new application must be submitted to the Russell County Zoning Office.

Approved: _____ Zoning Administrator _____ Date