

Home Occupation Permit Supplemental Questionnaire

Please provide the following supplemental information:

1. How many employees? Explain.

2. What would be the hours of operation? Explain.

3. Which days of the week would the business operate? Explain.

4. Where would customers park their vehicles? Explain.

5. If your property is served by an on-site septic system, could the system support the proposed business? Explain.

6. Is any signage proposed? Explain

7. Would your business involve any other state or federal licenses or permits? Explain.

****Please Note****

Your Home Occupation may require an Indiana State Design Release. For more information please contact:

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