

**CITY OF LANDER
HOME OCCUPATION/HOME BUSINESS/CONDITIONAL USE APPLICATION
NON-REFUNDABLE FEE \$175.00**

For Office Use Only

Date Received:	Date Fee Paid:	Dept of Planning	Date:
BOA Hearing Date:	Zoning District:	Approved	Denied
Applicable Section of Zoning Ordinance:		<i>If denied the application will be referred to the Board of</i>	
Case #			

Please answer all questions. Answers should be clear, readable and contain all the information requested below.

Name of Applicant _____

Address: _____ Phone: _____

Interest in Property: Lessee _____ Owner _____

Owner's Name if different from applicant: _____ Phone: _____

Address of Pwmer: _____

Legal Description of Property: _____

Street Address of Property: _____

Give a brief description of your requested home business/home occupation: You may use a separate sheet of paper if needed.

Where will such use be conducted? _____

How many employees are proposed? _____

Will this use change the residential character of the neighborhood? _____

If not, why? _____

What is the percentage of the gross square footage of the area to be used for such use? _____

Will there be exterior storage? _____

If so please explain: _____

Will there be any of the following: _____

- | | |
|--|--|
| | Offensive noise? |
| | Vibration? |
| | Smoke? |
| | Dust? |
| | Ordors? |
| | Heat or Glare noticeable at or near the property line? |

What is the expected traffic for the home occupation/home business? _____

Will there be a sign, please give location and dimension of the sign for the home occupation/home business. _____

What other issues exist with this proposed home occupation? _____

Along with the above information please submit the following:

	Plot plan or drawing of the property showing the location of all existing buildings, fences, parking layout and any other applicable information
	A list of the names and addresses of all owners of land within 400 feet of the outer limits of the area proposed for the day care/conditional use permit. This list must be obtained from the Fremont County Assessor's office, (307)332-1117.

Signature of applicant:	Date:
Signature of owner:	Date:

Department of Planning members present: _____

The City of Lander is an equal opportunity employer.

