



P.O. Box 447  
Lake Elmo, Minnesota 55042  
651-436-4773

<p><b>Office Use Only</b></p> <p>Permit # Issued _____</p> <p>Date of Issue _____</p> <p>Date of Annual Board Review _____</p> <p>Inspection: _____</p>
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**HOME OCCUPATION – INTERIM USE  
APPLICATION AND PERMIT  
for a business operated out of a residence.**

Applicant/s: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If property owner is different from applicant:**

Owner/s: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Detailed Description of Business (use separate sheets to attach additional detail): Need to be specific about details of business, customers, workers, materials used and generated, hours of operation and hours of workers, storage, parking...)

\_\_\_\_\_  
\_\_\_\_\_

What differences to the specific requirements for a permitted home occupation are you requesting?  
(See West Lakeland Ordinance, Section 10.1.3)

\_\_\_\_\_  
\_\_\_\_\_

Describe the unusual or unique conditions for the subject property which preclude obtaining a permitted home occupation permit. (See West Lakeland Ordinance, Section 10.5.1.4)

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Number of employees:

(See West Lakeland Ordinance Section 10.2.1.1)

Residing on premises \_\_\_\_\_

Working at above address but not residing on premises \_\_\_\_\_

Number of family members who are working in business \_\_\_\_\_

What is the amount of weekly traffic (vehicular trips per week) associated with the business – (e.g. delivery of supplies, shipping of product, increased parcel delivery and pickup, workers arriving on site, customers...)?

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Proposed hours of operation: Hours per day: \_\_\_\_\_ Days of operation per week: \_\_\_\_\_ (Operation means any time business is worked on with or without customers) (See West Lakeland Ordinance Section 10.2.1.7)

Number of parking spots for employees on lot: \_\_\_\_\_ (If number of employees is greater than available parking spots, what is proposed location for excess parking?) (See West Lakeland Ordinance Section 10.2.1.9)

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Describe proposed screening for all vehicles, trailers stored outside (See West Lakeland Ordinance Section 10.2.1.6) \_\_\_\_\_

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Number of vehicles being stored on the site and the location and conditions of storage (See West Lakeland Ordinance Section 10.2.1.2) \_\_\_\_\_

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Signage (If "yes", add description) Yes\_\_\_\_\_ No\_\_\_\_\_ (See West Lakeland Ordinance, section 10.2.1.10)

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Provide details of material stored or used on site (size, volume, types of materials, quantity of goods, storage location) and why outside storage is needed. (See West Lakeland Ordinance Section 10.2.1.3)

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Will any hazardous materials will be used and/or stored at the location? If so, provide plans for handling of these materials. Include all material safety data sheets for all materials. (See West Lakeland Ordinance 10.2.1.8)

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Provide information relating to potential noise generation (i.e. processes that could potentially produce noise, vibration, dust, smoke, electrical disturbances, odors, heat, glare.): (See West Lakeland Ordinance Section 10.2.1.5)

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Provide map of property from Washington County GIS showing the lot and storage locations (if applicable), outside work locations, and house and structures on adjoining lots.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if different from applicant)

\_\_\_\_\_  
Date

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**Below is for West Lakeland Township Board Use Only**

Date for first review of Provisional Application and site inspection \_\_\_\_\_

List of additional conditions agreed to by West Lakeland Board

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This permit application has been approved by:

_____ Signature of Applicant	_____ Date
_____ Signature of Applicant	_____ Date
_____ Signature of West Lakeland Town Board Chair	_____ Date