



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

Office Use Only	
Permit Number	_____
Date of Issue	_____

**HOME OCCUPATION  
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...)

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

If you are requesting conditions different from the specific requirements for a permitted home occupation, list them below. (West Lakeland Ordinance, Section 10.5)

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

Describe the unusual or unique characteristics for the subject property which preclude obtaining a permitted home occupation permit. (West Lakeland Ordinance, Section 10.5.4.4)

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Number of persons involved with business:

(West Lakeland Ordinance Sections 10.3.4.1, 10.3.4.2, 10.4.4.1, 10.4.4.2)

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...)? (West Lakeland Ordinance Sections 10.3.4.6, 10.4.4.1, 10.5.4.8)

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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) (West Lakeland Ordinance Section 10.3.4.7, 10.3.4.8)

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?) (West Lakeland Ordinance Section 10.3.4.10)

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Number of vehicles being stored on the site and the location and conditions of storage (West Lakeland Ordinance Sections 10.3.4.3, 10.4.4.4) \_\_\_\_\_

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Describe proposed screening for all vehicles, trailers and equipment stored outside (West Lakeland Ordinance Section 10.4.4.5)

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Signage (If "yes", add description) Yes\_\_\_\_\_ No\_\_\_\_\_ (West Lakeland Ordinance, section 10.3.4.11)

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Provide details of material stored or used on site (size, volume, types of materials, quantity of goods, storage location) and if outside storage is needed explain why. (West Lakeland Ordinance Section 10.3.4.3)

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Will any hazardous materials 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. (West Lakeland Ordinance 10.3.4.9)

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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.): (West Lakeland Ordinance Sections 10.3.4.5, 10.4.4.2)

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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**

Permit Number \_\_\_\_\_

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

Type of permit:  Certificate of Compliance

Conditional Use

Special Conditional Use

Date for one year review if needed \_\_\_\_\_

Conditions of the permit are listed in section 10 of the West Lakeland Township Ordinances and also include limitations listed on the above application and additional conditions listed below.

List of additional conditions imposed by West Lakeland Board

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This permit has been approved by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of West Lakeland Town Board Chair

\_\_\_\_\_  
Date