

**APPLICATION FOR ZONING CERTIFICATE
(HOME OCCUPATION)
OGLE COUNTY PLANNING & ZONING DEPARTMENT**

DATE: _____

TO: OGLE COUNTY ZONING ADMINISTRATOR
911 W. PINES RD.
OREGON, IL 61061
PHONE: (815) 732-1190 FAX: (815) 732-3709

FROM: (APPLICANT) _____
(STREET OR RURAL ADDRESS) _____
(CITY, STATE, ZIP) _____
(PHONE) _____
(OWNER, IF NOT SAME AS ABOVE) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1) Type of home occupation proposed and description of proposed use: _____

2) The above home occupation will be located on the following described parcel of land:

A) Property Code (___ ___) - ___ ___ - ___ ___ - ___ ___ - ___ ___

B) Brief legal description by lot # and subdivision name (if applicable), 1/4 1/4 Section, Township and Range:

3) The above property is currently zoned: _____

4) I, _____, hereby certify that all of the following performance requirements will be met in conducting the home occupation or profession applied for herein:

A) No person other than a member of the immediate family residing on the premises shall be employed in connection with the occupation or profession;

(OVER)

- B) A sign may be attached to the dwelling with a maximum area of one (1) square foot;
- C) There shall be no display that would indicate from the exterior that the building is being utilized in whole or in part for any purpose other than that of the dwelling except a sign as allowed above;
- D) No material or equipment shall be used that may constitute a hazard, create a nuisance, or interfere with the reception of broadcast signals;
- E) All material, equipment, merchandise or work-in-process shall be wholly enclosed within the dwelling or accessory building;
- F) The entrance to the space devoted to the home occupation shall be from within the dwelling and the portion of the dwelling devoted to such occupation shall not exceed thirty percent (30%) of the gross floor area of the dwelling;
- G) The occupation or profession shall not generate excess traffic or create parking congestion.

I further certify that I have read, understand and will comply with the above Home Occupation performance requirements, and that all of the information presented on the foregoing application and any and all other accompanying documents presented herewith are complete and accurate.

(Signed) _____

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 (OFFICE USE ONLY)

FEE: _____ DATE PAID: _____ RECEIPT NUMBER: _____

ZONING CERTIFICATE NUMBER: _____

HEALTH DEPARTMENT COMMENTS: _____

