



# APPLICATION for a HOME OCCUPATION

<b>For Office Use Only:</b>		Application # _____
		Business License # _____
		Application Date: _____
Application Fee <u>50.00</u>	Date Paid <u>11/15/23</u>	Public Hearing Date _____
Approval/Denial Date _____	Expiration Date (if applicable) _____	
Approval/Permit Issued _____	Background check required _____	
011/20/2013		

**NOTE:** Representation by the applicant at the meeting is required. The completed application, accompanied by all required information, documents, etc. (six copies) must be submitted to the Town Clerk no less than 21 calendar days before the scheduled meeting when the application will be considered. Any Home Occupation Permit approval must be compatible with the Rockville General Plan. If a background check is required, the expense shall be borne by the applicant.

Applicant's Name Skylor Davis

Street Address 302 E Main

Contact Person _____
Phone No. _____

Mailing Address PO Box 630181

Phone No. (435) 668-8279

Fax No. ( ) \_\_\_\_\_

Owner's Name holding legal title (if other than applicant) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

If applicant is renting the property, a notarized statement by the owner of the property authorizing the use of the premises for this business is required.

Description of Business Activity: Office work only for my construction business.

Current Zoning RA.5

What kind of work will be done in your home? Construction company, no actual building done at home just clerical.

What kind of material(s) will be stored on the premises? None

How Many employees? 0

- Will there be any business vehicles parked on the premises? No If so, what type?  
\_\_\_\_\_ How many? \_\_\_\_\_
- Will the business necessitate any significant remodeling to the residence? No If so, what?  
\_\_\_\_\_  
\_\_\_\_\_
- Will this business necessitate the use of an accessory building or yard area? No  
If so, what? \_\_\_\_\_  
\_\_\_\_\_

Conditions required to be implemented into the Home Occupation Permit, if applicable, listed below by Planning Commission or attached to this application:

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

Per Chapter 5.8—Utah Sales Tax License of the Rockville Land Use Code (If required by the State of Utah, a Utah State sales tax license will be required with Rockville Town listed as a business location.)

**APPLICANT CERTIFICATION:**

I certify that my answers are true and correct and hereby give my informed consent to inspection upon demand by the Town of Rockville to determine compliance with the Home Occupation Ordinance. False statements will be grounds for denial of the application. If at any time it is determined that the home occupation is not being conducted in accordance with the Home Occupation Ordinance, the license may be revoked. Home Occupation Business Licenses shall be valid for the calendar year issued and must be renewed annually. I have checked each item or indicated N/A for items that do not apply and have insured that my application is complete.

Signature  Date 11-15-23

<b>Approvals:</b>	
Criminal Background Check (if required) _____	Date _____
Fire Marshal (if required) _____	Date _____
Planning Commission Approval _____	Date _____