

Home Occupation Application City of Cherryvale, Kansas		Application #
Name		Date
Address		Phone
Name of Business		Phone
Hours of Operation	Type of Occupation	
List All Special Processes, Equipment, and Supplies (If Additional Space is Required, Use Separate Page)		
1.		
2.		
3.		
4.		
5.		
Applicant Signature:		Date:
Restrictions Imposed	Site Plan Including Parking and Sign Locations	
<input type="checkbox"/> Hours of Operation <input type="checkbox"/> Materials or Processes <input type="checkbox"/> Other Brief Explanation of Restrictions <hr/> <hr/> <hr/> <hr/> <hr/>		
Planning and Zoning Commission Findings		
<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable Chairperson Signature:		Date
City Council Findings		
<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable Mayor Signature:		Date