



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

**APPLICATION FOR HOME OCCUPANCY PERMIT**  
**Form #DCI113 (rev. 01/20)**

**Permit Fee: \$60.00\***

**\*If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 8.04 F of the City of Kenosha Zoning Ordinance**

Home Occupancy Address \_\_\_\_\_

Business Name \_\_\_\_\_

Intended Business Use \_\_\_\_\_  
 (please be specific)

Property Owner \_\_\_\_\_ Applicant \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

**Note:** Only one unrelated person may be employed.

Will customers/clients visit your home? Yes \_\_\_\_\_ No \_\_\_\_\_ (No more than six (6) customers at one time)

How will your home be utilized to conduct the proposed business operation? \_\_\_\_\_

If business is sales related, list the types of products you will be selling \_\_\_\_\_

If your business is service related, list the types of services you will be providing \_\_\_\_\_

**If your business requires State licensing, provide a copy of your license with the completed application.**

**If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.**

I have read the guidelines as set forth in the "Home Occupation" requirements. I understand that failure to comply with these rules may result in revocation of my Certificate of Occupancy by the Zoning Officer and/or penalties as imposed by the City Attorney's office, and that the City Clerk's will be requested to revoke any licenses that may have been issued based upon my compliance with all the rules and guidelines set forth in my license.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*If the applicant is not the owner of the property, signed authorization of owner required.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**By signing this application, the applicant understands that the exterior of the property cannot be utilized for storage of business-related equipment/materials or to conduct business operations.**