



APPLICATION FOR HOME OCCUPATION PERMIT

City of Steubenville
Planning and Zoning Commission
308 Market Street, Room 205
Steubenville OH 43952
(740) 283-6000 extension 1700

Name of Property Owner: _____

Address of Owner: _____

Telephone No. of Primary Owner Contact: _____

Name of Lessee (if applicable): _____

Address of Lessee: _____

Telephone No. of Primary Lessee Contact: _____

Address of Property _____

Zoning District: _____

Permitted Home Occupation:

- _____ Beauty parlor or barber shop with not more than one (1) customer service chair
- _____ Type B family day care home (ORC 5104.01E) in single family detached dwelling only
- _____ Teaching or tutoring of not more than four (4) students simultaneously
- _____ Photography or art studio
- _____ Professional or business office
- _____ Baking or catering activities when in compliance with Health Department requirements

I/we have read and understand the home occupation requirements of the City Zoning Code. I/we certify that the above/accompanying information is true and correct under penalty of law.

Signature of Property Owner or Lessee (Applicant):

Name

Date

Name

Date

This Section for Planning and Zoning Commission staff use only:

Application No. _____

Application submitted is properly completed _____ yes _____ no

Application is signed by property owner or lessee _____ yes _____ no

Appropriate fee has been paid _____ yes _____ no

Site visit conducted on _____, 20__ by _____ verifies that
home occupation complies with city zoning code _____ yes _____ no. If no, explain

Permit issued on _____, 20__. Permit expires on _____, 20__.