



**..CITY OF DUBLIN**

Division of Planning  
5800 Shier-Rings Road  
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600  
Fax: 614-410-4747  
Web Site: www.dublin.oh.us

# HOME OCCUPATION PERMIT APPLICATION

PERMIT # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE EXPIRES \_\_\_\_\_

**NOTE:** Applicants are highly encouraged to contact Code Enforcement at (614) 410-4600 for assistance. If the applicant is leasing the property, the applicant must have the property owner sign and authorize this application or submit a separate, attached letter of authorization clearly stating that the property owner approves the proposed Home Occupation. **A Home Occupation permit is valid for two (2) years from the date of issuance and is renewable for subsequent two-year periods.**

**I. PLEASE SUBMIT THE FOLLOWING:**

- ONE (1) ORIGINAL SIGNED APPLICATION** with applicant authorization signed by property owner, if applicable.

**II. APPLICANT INFORMATION: *This section must be completed.***

Name of Applicant: (Last)		(First)	(M.I.)
Business Name:			
Mailing Address: (Street, City, State, Zip Code)			
Daytime Telephone:		Fax:	
Email or Alternate Contact Information:			
Description of the Occupation:			

**III. OWNERSHIP INFORMATION: *Please complete if you are leasing the property of the proposed Home Occupation.***

Current Property Owner:			
Mailing Address: (Street, City, State, Zip Code)			
Daytime Telephone:		Fax:	
Email or Alternate Contact Information:			

**IV. APPLICANT AUTHORIZATION: *To be completed by the property owner if not the applicant.***

I \_\_\_\_\_, the owner, have been made aware of this application and approve of the proposed Home Occupation to be conducted by the applicant, a tenant, on the above noted property.

Signature of Current Property Owner:

Date:

**V. STATEMENT OF ACKNOWLEDGEMENT: *To be completed by the Applicant.***

I \_\_\_\_\_ have been provided with, understand, and agree to the standards that govern home occupations in the City of Dublin, Ohio. I also have been informed of and agree to all other conditions that are attached to the approval of my application.

Signature of Applicant:

Date:

**FOR OFFICE USE ONLY:**

Date Received:

Date Approved:

Amount Received:

Receipt No:

Initial

Renewal

Approved By:

Title:

Date: