

# Home Occupation Permit Application Administrative

Clay County Planning & Zoning 3510  
12<sup>th</sup> Avenue South, PO Box 280  
Moorhead, MN 56561-0280  
Tel (218) 299-5005  
planning@claycountymn.gov

Application Fee: \$50.00

<b>Owner</b>	_____	Parcel # _____
Mailing Address	_____	Permit # _____
City	_____	Date Submitted _____
State, Zip	_____	60 Days _____
Day Phone	_____	Fee \$ _____
Cell Phone	_____	
Email	_____	
Property Address	_____	
Subdivision	_____	Twp _____ Rng _____ Section _____
<b>Applicant</b>	<input type="checkbox"/>	Applicant Same as Owner
Name	_____	
Address 1	_____	
Address 2	_____	
City	_____	
State, Zip	_____	
Email	_____	
Day Phone	_____	

1. Describe the type of activity proposed to occur at the site: \_\_\_\_\_

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

2. How many square feet of floor space will be used for the activity: \_\_\_\_\_

3. Number of employees, other than yourself \_\_\_\_\_

4. Is activity of a temporary nature?       Yes       No

5. Describe the availability of parking for the proposed activity: \_\_\_\_\_

\_\_\_\_\_

6. What will be the days and hours of operation for the proposed activity: \_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, I certify that the information provided on this application and accompanying documents is true and accurate.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Township Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_