

HOME OCCUPATION PERMIT APPLICATION

For

THE UNINCORPORATED AREA OF
LEAVENWORTH COUNTY, KANSAS

ALL APPLICATION FEES ARE NON-REFUNDABLE

FOR ADDITIONAL REQUIREMENTS, PLEASE REFER TO THE *LEAVENWORTH COUNTY ZONING AND SUBDIVISION REGULATIONS*, SPECIFICALLY **ARTICLE 3, SECTION 2. DEFINITIONS** – “HOME OCCUPATION”

For more information contact:
Leavenworth County Department of Planning and Zoning
300 Walnut St., Suite 212
County Courthouse
Leavenworth, Kansas 66048
PZ@LeavenworthCounty.Gov
913-684-0465

Application Form

APPLICANT RESPONSIBILITIES: Omission of any of the following items may delay the review and processing of the application.

- A complete application form.
- A completed application questionnaire and written narrative description of the proposed plan (Attachment B)
- Legal Description (current deed) of the property.
- A tax clearance certificate from the state and a paid tax receipt from Leavenworth County. If property is owned in additional counties/states certificates and receipts will be required from those entities as well.
- Owner Authorization Form if not the legal owner of the property
- Payment of application fee. Make check payable to Leavenworth County Planning & Zoning.

APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

EMAIL _____

PROPOSED HOME OCCUPATION

- Teaching, tutoring, or instruction
- Daycare or Pre-school
- Office of a realtor, insurance agent, broker, representative, etc.
- Tailoring, alterations, or seamstress
- Beauty shops
- Medical offices (Physicians, Dentists, Chiropractors, etc.)
- Small appliance or personal electronic repair service
- Other (Please specify): _____

I, the undersigned am the (*circle one*) *owner, duly authorized agent*, of the aforementioned property situated in the unincorporated portion of Leavenworth County, Kansas. By execution of my signature, I do hereby officially apply for a Special Use Permit as indicated above. **I hereby agree to "cease and desist" the operation of the activity upon denial of the permit by the Leavenworth County Planning & Zoning Department**

Signature _____ Date _____

Office Use Only

PID: _____ Date Received: _____

Township _____

Case No. _____ Date Paid _____

Zoning District _____

Comprehensive Plan land use designation _____

Home Occupation Questionnaire

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Will the occupation be conducted in an existing residence or residential accessory structure?
<input type="checkbox"/>	<input type="checkbox"/> Will any equipment be stored or displayed outside of the building?
<input type="checkbox"/>	<input type="checkbox"/> Will the exterior of the building be changed?
<input type="checkbox"/>	<input type="checkbox"/> Will there be illuminated signage, or signage exceeding 16 square feet?
<input type="checkbox"/>	<input type="checkbox"/> Will you have more than two (2) employees who do not live in the residence?
<input type="checkbox"/>	<input type="checkbox"/> Will customers/visitors need to park on the street or on premises other than your property?
<input type="checkbox"/>	<input type="checkbox"/> Will you have more than twelve (12) customer visits per day?
<input type="checkbox"/>	<input type="checkbox"/> Are more than four (4) vehicles likely to require parking at any one time?
<input type="checkbox"/>	<input type="checkbox"/> Do you plan on operating at any time outside of 6 A.M. to 7 P.M.?
<input type="checkbox"/>	<input type="checkbox"/> Do you plan on selling goods/making sales of items on the premises?
<input type="checkbox"/>	<input type="checkbox"/> If yes, to the previous question, will you conduct the majority of your business via mail service?

If you answered yes to any of the questions above, please explain:

What sort of equipment or machinery will be used on the premises?

Narrative Requirements

Please provide a narrative description of your home occupation. Please be descriptive and detail the scope of your proposed operation. This narrative should include the items addressed in the questionnaire above, including the following:

- The hours of operation, traffic routes and expected traffic volumes, staffing levels, methods of operation, and off- street parking.
- Whether the character of the use would tend to be seasonal or vary during the duration of the permit.
- Any other such reasonable information about the proposed use that would be necessary or helpful for the impact of the proposed use to be fully evaluated and considered.

