



**Village of  
Lake Isabella**

**Home Business  
Application**

<b>Applicant Information:</b>			
Applicant:			
Mailing Address:	City:	State:	Zip:
Business Name:			
Contact Person & Title:			
Phone Number:	Email:		

<b>Property Information:</b>	
Property Address:	Zoning District:
Parcel Number:	Parcel Size:
Owner Name (If different than Applicant):	

<b>Description of Business:</b>

<b>Business Information:</b>	
In addition to the business owners, how many employees will work from the home?	
Please indicate what percentage of the habitable floor space of the dwelling will be used for the business: <input type="checkbox"/> Less than 20% <input type="checkbox"/> 20% to 40%	
Will an Accessory Structure on the property be used to conduct the business? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Excluding mail service, on average, how many deliveries will the business get per week?	
Will the business have signage? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please include completed sign permit application)	

<b>Applicant Certification:</b>
By execution of this application, the person signing represents that the information provided and the accompanying documentation is, to the best of his/her knowledge, true and accurate. In addition, the undersigned represents that he/she is authorized and does hereby grant a right to entry to officials from the Village of Lake Isabella for the purpose of gathering information related to this application and verify compliance with the terms and conditions which may be imposed if approved.
Signature: _____ Date: _____
Printed Name & Title: _____