



City of Great Bend Building Inspections
 1205 Williams Street
 Great Bend, Kansas 67530
 Phone: (620) 793-4106 Fax: (620) 793-4146
 greatbendks.net

HOME OCCUPATION PERMIT APPLICATION

Applicant Name:		
Applicant Address (street number and name, city, state, zip code):		
Phone No:	Fax No:	E-mail Address:

Property Owner Information		
Property Owner (if other than Applicant/Agent):		
Property Owner Address (if other than applicant) (street number and name, city, state, zip code):		
Phone No:	Fax No:	E-mail Address:

Submittal Requirements	
	Application Form – Completed and signed.
	Supplemental Business Description (if the business cannot be adequately described in the space below).

Business Information	
Business Name:	
Business Address (if other than above address):	
Type of Business (check all that apply): <input type="checkbox"/> Administrative <input type="checkbox"/> Construction <input type="checkbox"/> Finance <input type="checkbox"/> Information <input type="checkbox"/> Professional/Scientific/Technical <input type="checkbox"/> Home Crafts <input type="checkbox"/> Other:	
Business Description:	

Where within the residence will the Home Occupation be located?
Does the Home Occupation require any modifications to the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the modification(s) required:
Will any part of the Home Occupation be located in the garage or an accessory building to the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Will the Home Occupation be visible from any adjoining public rights-of-way (sidewalk, street, etc.) or from neighboring parcels? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the square footage of the residence?



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What is the square footage of the Home Occupation?
How many vehicles are used for the Home Occupation?
How many customers will come to the residence per day?
How many deliveries related to the Home Occupation will come to the residence per day?
Will the Home Occupation employ any persons not residing at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Home Occupation involve the storage of pesticides, explosives, or flammable or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Home Occupation create noise, dust, electrical interference, fumes, gas, glare, light, noise, odor, smoke, toxic/hazardous materials, vibration or other hazards or nuisances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Is there an existing Home Occupation located at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Acknowledgement		
I have read the zoning regulations regarding Home Occupations and acknowledge that my home occupation complies with the requirements.		
Name (Print):	Signature:	Date:
I, the undersigned, hereby state that I am the owner of record of the affected property or a duly authorized agent of the property owner(s) and have the authority to process this application. All interested and affected owners have been notified of the filing of this application. To the best of my knowledge all information submitted as part of this application is true and accurate.		
Applicant/Property Owner Acknowledgement		
Name (Print):	Signature:	Date:

Office Use Only	
Zoning:	<input type="checkbox"/> Barton County Zoning Regulations Article IV Part 3 <input type="checkbox"/> The City of Great Bend Zoning Regulations Part XII
Date:	Application Approved By:
Notes/Conditions:	