



Jefferson County Planning Division
 PO Box 100
 Hillsboro, MO 63050
 Phone: 636-797-5580
 Fax: 636-797-5598
 www.jeffcomo.org

HOME OCCUPATION PERMIT APPLICATION

Owner/Applicant Name _____
 Address _____
 Phone # _____
 Email _____

File No: HOP _____ Date _____

Location _____
 Parcel Number(s) _____

Home Occupation Use _____

Per Section 400.230: Home Occupation, of the Jefferson County Code of Ordinances, I agree to adhere to the following regulations in order to operate a business from my residence:

1. I reside at the location of the proposed home occupation.
2. The home occupation shall employ no more than one (1) employee on the premises other than the residents of the home.
3. The home occupation shall not exceed one-third (1/3) of the gross floor area of the residence.
4. The home occupation shall not have tandem axle vehicle storage and/or any other form of outdoor storage.

IN WITNESS WHEREOF, the parties hereto have set their bands and seals on the Agreement, in the County of Jefferson, State of Missouri, the date and year above set forth.

Property Owner

Signature: _____ Date: _____

Name Printed: _____

STATE OF MISSOURI)
) SS.
 COUNTY OF JEFFERSON)

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

IN WITNESS WHERE OF, I hereunto set my hand and official seal.

My term expires:

 Notary Public

 Name Printed