



Application for a Zoning Permit

City of Peru Building & Zoning
35 S Broadway, Peru, IN 46970
Phone: 765-473-4881
www.cityofperu.org

For Staff Use Only

Submittal Date:	
Complete Date:	
Fee:	Staff:
Case #	

HOME OCCUPATION PERMIT ORD 151.075

APPLICANT INFORMATION

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNERS _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PRIMARY POINT OF CONTACT: APPLICANT OWNER

PROPERTY INFORMATION

ADDRESS OR PROPERTY LOCATION: _____

LEGAL DESCRIPTION OF PROPERTY: _____

PARCEL ID# _____

SECTION: _____ TWP #: _____ TOWNSHIP: _____ RANGE: _____

FLOODPLAIN ZONING: _____

CURRENT PROPERTY ZONING: _____

HOME OCCUPATION PERMIT INFORMATION

****ENSURE THAT ALL INFORMATION FOR APPLICANT INFO & PROPERTY INFO IS COMPLETE.**

BUSINESS CLASS:

CLASS A: No supplies or client/customer visits.

CLASS B: Limited supplies & client/customers.

DISCLOSURE:

The Home Occupation business shall be conducted by the people who are RESIDENTS of this dwelling only. Any violation of regulations 3-1 and 3-1-1 of Chapter 3 of the City of Peru Code of Ordinances may result in revocation of this permit, as well as any subsequent fines provided for in the afore mentioned Ordinances and state statutes.

APPLICANT SIGNATURE: _____

DATE OF SIGNATURE: _____

APPLICANT SIGNATURE/OFFICE REVIEW

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PROP OWNER: _____ DATE: _____

SIGNATURE OF ZONING ADMIN: _____ DATE: _____

LEGAL NOTICE PUBLISHED IF HEARING
NEEDED: _____ DATE: _____

PLANNING & ZONING COMMISSION IF NEEDED

APPROVED BY P & Z: YES NO DATE: _____
CIRCLE ONE

REASON FOR DENIAL (IF APPLICABLE): _____

CITY COUNCIL IF NEEDED

APPROVED BY COUNCIL: YES NO DATE: _____
CIRCLE ONE

REASON FOR DENIAL (IF APPLICABLE): _____

CASE NOTES: _____
