

**City of Madisonville  
Board of Zoning Appeals  
Application for Home Occupation**

APPLICANT NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel(s) No.: \_\_\_\_\_ Tax Map No.: \_\_\_\_\_ Size of Tract: \_\_\_\_\_

Zoning District: \_\_\_\_\_

DESCRIBE HOME OCCUPATION REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I hereby certify that the above information is accurate and complete and I am the applicant or the legal representative of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date