

City of Ranson Community Development 312 S. Mildred Street Ranson, WV 25438

(304) 725-1010 | www.cityofransonwv.net | email: permits@ransonwv.us

HOME OCCUPATION QUESTIONNAIRE

SECTION I. Physical Address/Owner Information Physical Address Number **Zoning District Physical Street Name** Property Owner's Last Name First Name & Middle Initial Property Owner's Home Property Owner's Email Address Property Owner's Cell Phone No. Phone No. **Business Name Business Name** Complete Mailing Address (If Different Than Above) SECTION II. Questionnaire Please complete all questions Business Description: Description of Business and Activities, Describe your business **Business Incidental and Secondary** \square YES \square NO Is the business incidental and secondary to the use of the dwelling for residence purposes and must not change the character thereof? **Location Employment** Number: How many people are you employing at this location? Sales Rooms, Display Windows, or Outside Storage? ☐ YES ☐ NO Does this use include or require sales rooms, display windows, or outside storage? **Additional Mechanical Equipment** ☐ YES ☐ NO Is any additional mechanical equipment except such equipment as is normally used for domestic or professional purposes is required? **Total Square Feet: Square Feet** What is the total square feet of your house/property? **Workspace Square Feet: Total Square Feet** What is the total square feet of your house/property? **Accessory Buildings?** ☐ YES ☐ NO Does this business require or use accessory buildings in connection with the home occupation?

revised: 01/31/2019

Customer Attraction or Regular Hours?		☐ YES ☐ NO
Will this business attract customers or have regular hours?		
If you selected Yes, on any of the above questions, please elabora	ate here	
SECTION IV. Application Certification:		
I hereby certify that I am authorized by the owner of record to act in their behalf as the own comply with all Federal, State and Local laws in particular the State of West Virginia and the and statements given on this application, drawings and specifications are to the best of my	ne ordinances of the City o	of Ranson, and certify that the information
In signing I acknowledge having read and fully understanding and agreeing to the Permit of the required. Enter your full name to acknowledge and responsibilities that may be required. Enter your full name to acknowledge.		receipt of the information advising me of
		() -
Name Owner or Agent (Please Print) (Complete if Other Than Owner) Address (Please P	rint) Email	Phone No.
(check one)	Applicant's Signature	Date
Contractor Owner Occupant Owner's Agent Engineer/Architect		
DATED this day of		
Subscribed and sworn to before me, this day		
	My Commission	n Evnires:

revised: 01/31/2019

Notary Public