

CITY OF DE SOTO
APPLICATION FOR CONDITIONAL USE PERMIT/HOME OCCUPATION

Date: _____

Type of Conditional Use: _____

Location: _____

Current Owner's Name: _____

Address: _____ Phone No.: _____

Applicant Name (if different) _____

Address _____ Phone _____

Driver's License No./Social Security No.: _____

Business Name: _____

Business Telephone No.: _____

Business Sales Tax No.: _____

Business Opening Date: _____

Number of Employees: Full-time _____ Part-time _____

(For A Home Occupation, only family members are to be employed):

Please attach a letter describing the operation of your business. Include the number vehicles, etc.

For City Use Only:

Zoning Classification: _____

Hearing Date: _____

Conditional Use Permit Fee: _____ \$100.00

Home Occupation Fee: Cost of Publication _____

(Fees due prior to the Planning and Zoning Meeting)

Date Approved: _____