



# Louisville Metro Planning & Design Services HOME BUSINESS SUBMITTAL REQUIREMENTS

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JERRY E. ABRAMSON  
MAYOR

CHARLES C. CASH, JR.,  
DIRECTOR

**For Staff Use Only**

**Date:** \_\_\_\_\_ **Staff:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

### All Submittals Must Be Submitted In Person To The Customer Service Counter

Name of Business \_\_\_\_\_

Louisville Metro Revenue Account Number\* \_\_\_\_\_

(\* The Metro Revenue Account Number is obtained from the Louisville Metro Revenue Commission at 617 W Jefferson St, 574-4900.)

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Home Business: \_\_\_\_\_

Number of Customers/Clients/Pupils on site at the same time: \_\_\_\_\_

Number of Employees living on site: \_\_\_\_\_ Number of Employees not living on site: \_\_\_\_\_

Hours of operation: (Days of the week) \_\_\_\_\_

Time from \_\_\_\_\_ to \_\_\_\_\_

Is the Applicant requesting a Conditional Use Permit to allow up to two (2) additional non-resident employees (total of three)? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Off-street parking: No. of spaces: \_\_\_\_\_ Location: \_\_\_\_\_

On-street parking: No. of spaces: \_\_\_\_\_ Location: \_\_\_\_\_

If on-street parking is used to accommodate clients, has the Applicant submitted a Parking Study to the Planning Director? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Louisville Metro Planning & Design Services  
444 South Fifth St.  
Louisville, KY 40202

502-574-6230

Fax 502-574-8129



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Please describe exactly what you do in the home that is related to your occupation:

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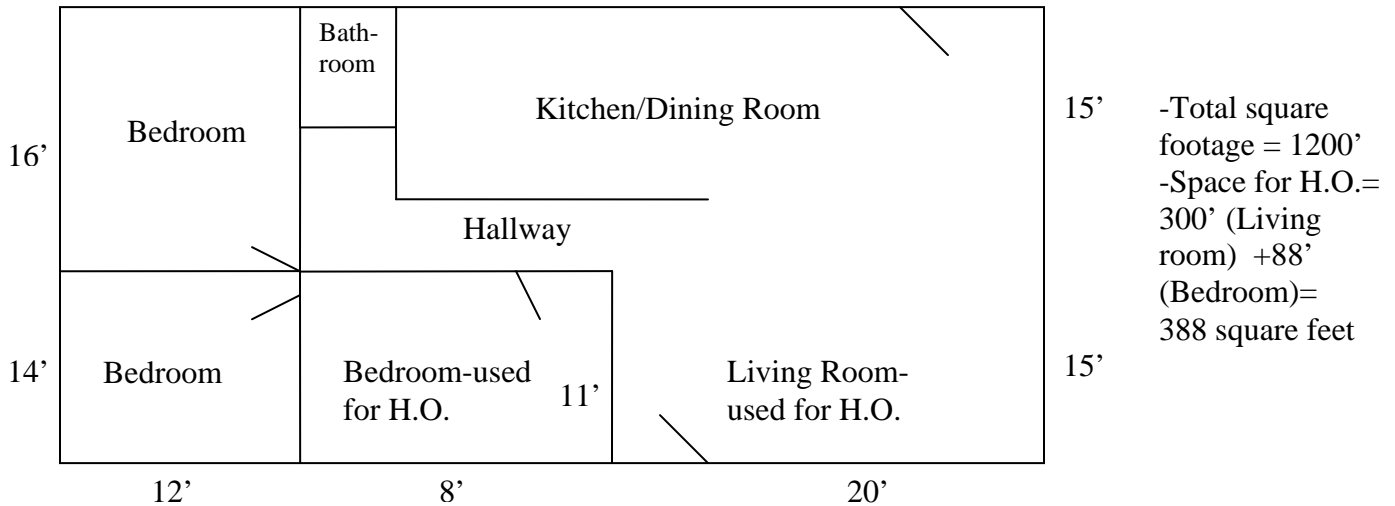
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Square footage/home occupation use: \_\_\_\_\_ Square footage/Residence: \_\_\_\_\_

Square footage /lot: \_\_\_\_\_

Please draw a floor plan with external dimensions of the structure(s), individual room dimensions, the use of each room and which areas are going to be used for Home Occupation services.

### EXAMPLE



-Total square footage = 1200'  
-Space for H.O.= 300' (Living room) +88' (Bedroom)= 388 square feet

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Has the Applicant received a copy of the Home Occupation regulations? Check one: Yes \_\_\_ No \_\_\_

I, \_\_\_\_\_, certify that I have read and understand the Louisville Metro Home Occupation requirements and I am in complete compliance of same.

I declare that I have read the foregoing Home Occupational Registration Application and that the facts stated in it are true.

**APPLICANT:** Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

\*\*\*\*\*

**FOR THE PROPERTY OWNER:** I hereby swear I am the lawful owner of the said property. I understand that the above person (applicant) is seeking to register a Home Occupation at my property for the purpose of conducting the stated business and hereby consent to the same. I covenant that all Louisville Metro requirements for the property will be met. I agree to permit Louisville Metro Inspectors to make reasonable inspections of the property as necessary.

**PROPERTY OWNER:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

**Please Note:** Applicant is responsible for updating this registration form, if operation changes.

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