



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

HOME OCCUPATION APPLICATION

Applicant Name

Phone Number

Address of Business

Property Owner

Phone number

Property Owner Address

Type of Business

I have read and understand the requirements of Chapter 1135.19 of the City of Springfield Codified Ordinances and agree to abide by provisions set forth.

Property Owner

Applicant Name

Approved

Denied

By

Date
