

**BROWN COUNTY AREA PLAN COMMISSION**  
**P.O. BOX 401, NASHVILLE IN**  
**Phone: (812) 988-5490**

**APPLICATION FOR A HOME OCCUPATION PERMIT**

PLEASE RETURN THIS FORM WITH A CHECK OR MONEY ORDER FOR \$20.00  
TO: THE BROWN COUNTY AREA PLAN COMMISSION.  
THANK YOU!

| OFFICE USE ONLY |                 |                        |
|-----------------|-----------------|------------------------|
| DATE: _____     | PERMIT #: _____ | STAFF SIGNATURE: _____ |
| FFF \$20        | Check # _____   | Cash ( ) Card ( )      |

**PLEASE PRINT**

NAME OF APPLICANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

PRODUCTS OR SERVICES SOLD \_\_\_\_\_

SPECIAL EXCEPTION REQUIRED \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, DATE THE SPECIAL EXCEPTION WAS GRANTED \_\_\_\_\_

**I AFFIRM THAT MY HOME OCCUPATION HAS NOT EXPANDED BEYOND  
THE USE FOR WHICH THE ORIGINAL PERMIT WAS ISSUED:**

**SIGNATURE OF APPLICANT (S)**

**DATE**

*THIS PERMIT MUST BE RENEWED EACH YEAR BEFORE THE END OF DECEMBER.*

*PLEASE CONTACT THE PLAN COMMISSION OFFICE IF YOU HAVE ANY QUESTIONS.*

*THANK YOU IN ADVANCE FOR YOUR COOPERATION!*

*IF YOU WOULD LIKE A COPY OF THE FILED APPLICATION, PLEASE INCLUDE A SELF ADDRESSED ENVELOPE.*