

VILLAGE OF NORTH BARRINGTON

**APPLICATION FOR
HOME OCCUPATION PERMIT**

BUSINESS NAME: _____

ADDRESS: _____

— **NORTH BARRINGTON, ILLINOIS 60010**

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES _____

**ARE THERE ANY EMPLOYEES WHO ARE NOT MEMBERS OF THE IMMEDIATE FAMILY
RESIDING ON THE PREMISES?** _____

IF SO, HOW MANY? _____

ARE THERE ANY TOXIC/HAZARDOUS MATERIALS USED OR STORED ON PREMISES? _____

WHAT TYPE? _____ **HOW MUCH?** _____

BUSINESS OWNER NAME: _____

ADDRESS (IF DIFFERENT THAN ABOVE): _____

BUSINESS TELEPHONE # _____ **FAX #** _____

HOME TELEPHONE # _____

PROPERTY OWNER: (IF DIFFERENT THAN ABOVE):

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

The undersigned applicant hereby certifies that said applicant has reviewed the provisions of the attached Section 10-4-1 of the Zoning Ordinance of the Village of North Barrington and further certifies that the home occupation for which this permit is requested will comply with all particulars with the requirements of Section 10-4-1.

Signature of Applicant *Title* *Date*

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Copy of Zoning (10-4-1) Code to Applicant _____

Annual Registration Fee \$25.00