

TOWN OF RIVER FALLS

CONDITIONAL USE PERMIT APPLICATION

Professional & Home Occupation in an **Exclusive Agriculture District**

Applicant Name: _____ Parcel Number: _____

Business Name: _____ Property Owner: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Section: _____ Town: _____ Range: _____ Lot No. _____ Subdivision: _____

Floor Area of Dwelling: _____ sq. ft. Percentage to be used primarily for business: _____

Floor Area of Non-Dwelling: _____ sq. ft. Percentage to be used primarily for business: _____

Will there be any alteration to the dwelling? _____ Yes _____ No

Will there be any alteration to the non-dwelling? _____ Yes _____ No

Will septic system be adequate: _____ Yes _____ No

Number of employees (not residents of home): _____ Number of off-street parking spaces: _____

Attach a business description outlining the nature of the business, anticipated number of customers per day, number of employees, hours of business, etc.

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Conditions:

- ◆ Home occupation/business shall not change the essential residential character of the residence.
- ◆ Home occupation/business will be conducted by the resident of the dwelling and employ no more than two (2) full-time equivalent people who are not residents of the dwelling.
- ◆ No retail operation will be conducted except for goods produced or related to the primary home occupation/business.
- ◆ The home occupation/business shall not create a nuisance of any type.
- ◆ There shall be no more than two Conditional Use Permits per lot.
- ◆ Only one unlighted name plate-type sign, no more than 6 square feet in size, will be allowed. A permit for the sign must be obtained from the Town of River Falls.
- ◆ Any change in ownership requires a new Conditional Use Permit
- ◆ Applicant must contact all people within one-quarter mile of the applicant's residence, to inform neighbors of his/her home occupation/business description.
- ◆ Additional Conditions: _____

I state that the above information is true and correct, and that I will comply with the conditions as specified.

Signature: _____ Date: _____

Non-refundable application fee of \$240: Make check payable to Town of River Falls

Date Issued

Zoning Administrator's Signature

Date DATCP Notified: _____