City of Fort Smith
Planning & Zoning

HOME OCCUPATION SUPPLEMENTAL QUESTIONNAIRE

1. Describe what type of business you are requesting. _____

_____

2. Will this business be completely contained in the residential structure? Yes ☐ No ☐ If no, described location. _____

3. What percentage of the residential floor area will be required to operate the business?

_____

4. Will operation of the business utilize any persons other than members of the immediate household? Yes ☐ No ☐

5. At what hours and days of the week do you plan to operate the business? _____

6. Will there be any noise _____, odor _____, or other outdoor activity _____ associated with the business? If yes, explain. _____

7. Will materials or supplies be stored at this location? Yes ☐ No ☐

8. How much storage will be needed? _____

9. Will merchandise be sold at this location? Yes ☐ No ☐ If yes, explain. _____

_____

10. Will you have any business vehicles? Yes ☐ No ☐ If yes, describe below. Type of Vehicle:

Make _____ Model _____

Color _____ Length (trailer) _____

11. Will this business require any license, certification, accreditation other than a city occupation license? Yes ☐ No ☐ What type? _____

12. Can you operate this business by appointment only? Yes ☐ No ☐

Explain: _____

13. Will customers come to this location? Yes ☐ No ☐

14. How many customers do you expect to have coming to your home at any one time?

_____

15. Do you expect any drop-in customers? Yes ☐ No ☐

16. How do you plan to provide parking for customers? _____

_____

17. Do you plan to advertise this business? Yes ☐ No ☐

If yes, by what methods? _____

18. Do you understand advertising the street address is not permitted? (Including the telephone directory listings.) Yes ☐ No ☐

19. Do you understand the utilization of a sign in conjunction with this business is not permitted? Yes ☐ No ☐

20. Will the Home Occupation require a commercial trash container (dumpster)? Yes ☐ No ☐

21. Do you own or rent this property? _____

22. If renting, please attach a letter from the property owner giving you permission to operate this home occupation.

23. Do you live at this location? Yes ☐ No ☐

24. Do you understand that failure to comply with the home occupation requirements could constitute the revoking of the occupation license issued for this business? Yes ☐ No ☐

25. Provide any other information that you feel helpful.
