

**Champaign County**  
**Department of**  
**PLANNING & ZONING**  
**1776 E. Washington Street**  
**Urbana, Illinois 61802**  
**Telephone: (217)384-3708**  
**FAX: (217)819-4021**  
**Hours: 8:00 am - 4:30 pm**

FOR OFFICE USE ONLY	
Township _____	
Section _____ T _____ N _____	
Tax Parcel No. _____	
Permit Application No. _____	
Receipt No. _____	Date _____
Zoning District _____	Lot Area _____

**RURAL HOME OCCUPATION PERMIT APPLICATION**

All information requested **must** be completed on this application. Attach additional pages, if necessary. Applicants are encouraged to visit this office and assistance will be given in filling out this form. If possible, please call (217) 384-3708 for an appointment to avoid delays.

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Application is hereby made for a Zoning Use Permit for a RURAL HOME OCCUPATION as required under the Zoning Ordinance for Champaign County, Illinois. In making this application, the applicant represents all of the following statements and any attachments as a true description of the proposed RURAL HOME OCCUPATION to be carried on in the house and/or accessory buildings on the property described herein. The permit fee for a RURAL HOME OCCUPATION is \$33.00.

A separate Zoning Use Permit Application is required for any construction of new buildings or additions to existing buildings.

Owner and/or Lessee of the Property: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner or Agent, if other than Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Proposed RURAL HOME OCCUPATION: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**SPECIFICS OF RURAL HOME OCCUPATION**

1. Name of RURAL HOME OCCUPATION (Assumed Name, if any): \_\_\_\_\_

2. Name of Proprietor(s) of RURAL HOME OCCUPATION (if different than owner): \_\_\_\_\_

3. Name and address of any other person having an ownership interest in the RURAL HOME OCCUPATION:

\_\_\_\_\_

\_\_\_\_\_

4. Brief description of the nature of the RURAL HOME OCCUPATION: \_\_\_\_\_

\_\_\_\_\_

5. Number of on-site Employees other than resident family members: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

6. If you will have a sign advertising the RURAL HOME OCCUPATION, describe the size, height, type (freestanding or wall mounted), and the location (show on site plan): \_\_\_\_\_

\_\_\_\_\_

7. Explain which portions of the house and/or any accessory building are to be used in the operation of the RURAL HOME OCCUPATION: \_\_\_\_\_

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8. Identify all vehicles to be used in the RURAL HOME OCCUPATION that will be on-site at anytime:

a. Identify any vehicles that are either a truck tractor and/or a vehicle with tandem axles, both as defined by the Illinois Vehicle Code (625 ILCS 5/1 et seq). Please identify each truck tractor and tandem axle as indicated below and include make, model, year, color, and license plate # (indicate 'NA' if not applicable):

Check if :		Make	Model	Year	Color	License Number
TRUCK TRACTOR	TANDEM AXLE					

b. List all other vehicle(s) and licensed semitrailers and licensed pole trailers used in the RURAL HOME OCCUPATION that will be on-site at anytime. Please identify the make, model, years, color, license plate #, and gross vehicle weight for each (indicate 'NA' if not applicable):

Make	Model	Year	Color	License Number	Gross Vehicle Weight

c. Indicate how many employee vehicles and/or patron vehicles may be on-site at anytime (indicate 'NA' if not applicable):

Employee vehicles: \_\_\_\_\_ Patron Vehicles: \_\_\_\_\_

9. Identify all equipment used in the RURAL HOME OCCUPATION that will be on-site and stored outdoors at anytime (indicate 'NA' if not applicable):

Type of Equipment	Make	Model	Color	Gross Weight

10. List all **types and quantities** of solvents, acids, paints, organic chemicals, heavy metals, flammable liquids, compressed gases, or other hazardous or potentially hazardous materials used in the RURAL HOME OCCUPATION: \_\_\_\_\_

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11. Please list all RURAL HOME OCCUPATION activities that will be occurring outdoors on the property and indicate where the activities will be occurring on the site plan (indicate 'NA' if not applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Identify any products offered for sale: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Will there be any new exterior lighting added and if so please explain where it will be located, indicate the lamp wattage, and include the manufacturer's documentation of full cutoff.  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Other Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Attach a Site Plan that indicates the following:
  - a. Property boundaries and overall dimensions of the property
  - b. Street access
  - c. Clearly indicate and dimension all existing and proposed buildings and the distance to the property lines for each building
  - d. Clearly indicate what part of any building is to be used in the RURAL HOME OCCUPATION
  - e. Water well (if present)
  - f. Septic field or sewer location
  - g. Parking areas for all vehicles listed on the application (include dimensions and distance(s) to property line(s)) and any required screening (minimum parking space is 9' by 20').
  - h. Outdoor storage area (indicate overall dimensions and distance(s) from property line(s)) and any required screening
  - i. Outdoor Sales Display Area (indicate overall dimensions and distance(s) from property line(s))
  - j. Location of and type of all exterior lighting (new lighting must be full cut-off; include manufacturer's documentation).
  - k. Location of any business sign advertising the RURAL HOME OCCUPATION

I/We am/are the proprietor(s) and owners or lessees of the above described property and RURAL HOME OCCUPATION business and have received a copy of , and have read Section 7.1.2 of the *Champaign County Zoning Ordinance*, relating to **RURAL HOME OCCUPATION** regulations, and fully understand them.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Permit issued (  ) Permit Number: \_\_\_\_\_ DATE: \_\_\_\_\_

Permit denied (  ) Cause: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Enforcing Officer

ADDITIONAL COMMENTS:  
 \_\_\_\_\_  
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