

**CITY OF DE SOTO**  
**APPLICATION FOR CONDITIONAL USE PERMIT/HOME OCCUPATION**

Date: \_\_\_\_\_

Type of Conditional Use: \_\_\_\_\_

Location: \_\_\_\_\_

Current Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License No./Social Security No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Business Sales Tax No.: \_\_\_\_\_

Business Opening Date: \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

(For A Home Occupation, only family members are to be employed):

**Please attach a letter describing the operation of your business. Include the number vehicles, etc.**

**For City Use Only:**

Zoning Classification: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Conditional Use Permit Fee: \_\_\_\_\_ \$100.00

Home Occupation Fee: Cost of Publication \_\_\_\_\_

(Fees due prior to the Planning and Zoning Meeting)

Date Approved: \_\_\_\_\_