

**APPLICATION and/or RENEWAL OF HOME OCCUPATION PERMIT
FOR THE CITY OF WAVERLY, IOWA**

Year _____

1. Name: _____

Business Name: _____

2. Address:

3. Phone Number: _____

4. Home Occupation Description:

5. Year Business Established at This Address: _____

6. Square Feet of Residence Occupied by Business: _____

7. Number of Non-Resident Employees: _____

8. Size (square feet) of Sign: _____

9. Signature: _____ Date: _____

Please return this completed application form to:

**City of Waverly
200 1st Street NE
PO Box 616
Waverly, IA 50677**

For Staff Use Only:

City Zoning District: _____

Approved by: _____

Date: _____

Permit No: _____

**City of Waverly
Zoning Department
P.O. Box 616
Waverly, IA 50677
Phone (319) 352-9208 Fax (319) 352-5772**

