



CITY OF IOWA CITY

HOME OCCUPATION PERMIT

Site Address:

Owner/operator of Business:

Business Type:

Employee:

Sign:

Conditions:

I, the undersigned, have read and understand the Iowa City codes regulating home occupations and agree to comply with all applicable regulations and conditions. I understand that this permit may be revoked if it is determined by the Building Official that my home occupation is not being managed in a legal manner.

Signature of Applicant

Date

Signature of Building Official

Date