

**HOME OCCUPATION PERMIT
CHILD DAYCARE-CARE HOMES
CITY OF GENEVA, OHIO
DEPARTMENT OF PLANNING AND ZONING**

APPLICANT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHONE HOME: _____ BUSINESS: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

I HEREBY AGREE TO THE FOLLOWING TERMS OF THIS HOME OCCUPATION PERMIT:

SIGNATURE: _____ DATE: _____

FEE: \$60.00

Zoning Administrator _____ Date: _____

Fire Department _____ Date: _____

Comments:

