



City of Syracuse  
495 Midland St / PO Box F  
Syracuse, NE 6844

Building Inspector  
Phone: (402)269-2173  
Fax: (402)269-2499

## Application for Home Occupation Permit

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

Fee: \$35.00

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

Type of Business: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Residential / Home-Based Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Zoning: \_\_\_\_\_ Federal Fire Arms Permit #: \_\_\_\_\_

EIN # or Social Security #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

I hereby agree to comply with Section 7.08 Home Occupations in the Zoning Ordinances of the City of Syracuse and the definition included in Section 2.02.177 of the Zoning Ordinances of the City of Syracuse.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

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### For use of City Officials Only

Zoning Administrator: \_\_\_\_\_

Date of Approval / Denial (circle one): \_\_\_\_\_

Permit No: \_\_\_\_\_ Receipt No: \_\_\_\_\_