

Home Occupation Permit Application

Administrative

Clay County Planning & Zoning
807 11th Street North
Moorhead, MN 56560
Tel (218) 299-5005
planning@co.clay.mn.us

Application Fee: \$50.00

Owner	_____	Parcel # _____
Mailing Address	_____	Permit # _____
City	_____	Date Submitted _____
State, Zip	_____	60 Days _____
Day Phone	_____	Fee \$ _____
Cell Phone	_____	
Email	_____	
Property Address	_____	
Subdivision	_____	Twp _____ Rng _____ Section _____
Legal Description	_____	

Applicant	<input type="checkbox"/> Applicant Same as Owner
Name	_____
Address 1	_____
Address 2	_____
City	_____

State, Zip	_____
Day Phone	_____ Email _____

1. Describe the type of activity proposed to occur at the site: _____

2. How many square feet of floor space will be used for the activity: _____

3. Number of employees, other than yourself _____

4. Activity is of temporary nature? Yes No

5. Describe the availability of parking for the proposed activity: _____

6. What will be the days and hours of operation for the proposed activity: _____

To the best of my knowledge, I certify that the information provided on this application and accompanying documents is true and accurate.

Applicant signature: _____ **Date:** _____

Township Office Signature: _____ **Date:** _____