

HOME OCCUPATION APPLICATION PACKET JOINT SIOUX FALLS

General Information

Home occupations which are located in the unincorporated area and within the Sioux Falls joint jurisdictional area are all regulated in the same manner, regardless of size and type of occupation. A home occupation is defined as a business, profession, occupation, or trade conducted for profit and located entirely within a dwelling, which use is accessory, incidental, and secondary to the use of the dwelling for residential purposes and does not change the essential residential character or appearance of such dwelling.

Application Requirements

To consider an application packet for a home occupation, the occupation must meet the following requirements of the Revised Joint Zoning Ordinance for Minnehaha County and the City of Sioux Falls:

- The occupation must be conducted within a dwelling.
- The occupation must be clearly incidental and secondary to the principal use of the dwelling for dwelling purposes.
- Only members of the immediate family residing on the premises may be employed by or participate in the home occupation.
- The entrance to the space devoted to such occupation must be from within the building.
- There shall be no display of products visible in any manner when viewed from outside the dwelling.
- No advertising or display signs shall be permitted other than a name plate attached to the dwelling. The name plate shall not be illuminated and shall not be more than two square feet in area. No off premise signs shall be used.
- Such occupations shall not require substantial internal or external alterations or involve construction features not customary in a dwelling.
- No merchandise, including samples, can be sold on the premises.
- The occupation shall not generate more than four visits per day from clients, customers and delivery vehicles. Delivery vehicles shall be limited to auto, pick up, or service truck.
- The occupation shall not result in additional off-street parking spaces for clients or customers.
- Toxic, explosive, flammable, combustible, corrosive, radioactive or other restricted materials are prohibited.
- No equipment or process shall be used in the occupation which creates, noise, vibration, glare, fumes, or odor detectable to the normal senses off the property.
- No equipment or process shall be used in the occupation which creates visual or audible electrical interference in any radio or television receiver or causes fluctuation in line voltage off the property.
- A zoning permit shall be secured for all home occupations in conformance with the procedure outlined in Article 23.00.

Additional Considerations

A similar application packet is available for home occupations outside of the Joint Jurisdictional Area of Sioux Falls.

Contact Information

Please contact the Minnehaha County Planning Department at 605-367-4204 with any questions. All applications may be submitted to our office on the Third Floor of the County Administration Building, 415 N Dakota Avenue, Sioux Falls, SD 57104.



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I/We, the undersigned, do hereby petition for a zoning permit to allow a home occupation on the below described property and authorize representatives of Minnehaha County to enter the property now and in the future for inspection purposes. I/We affirm that the below answers and attached information are true and accurate and agree to operate the home occupation as approved and in full compliance with the Revised Zoning Ordinance for Minnehaha County and the City of Sioux Falls. It is also understood that if any of these actions should be proven inaccurate at a later date, then the approval of this permit will be considered invalid.

Property Information – Please Fill Out Each of the Following Items

Legal Description: _____

Address or General Location: _____

Parcel Size: _____ Parcel ID Numbers: _____

Existing Zoning District: _____

Purpose: _____

Petitioner/Owner Information - Please Fill Out Each of the Following Items

Petitioner Name: _____

Owner Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Email: _____

Email: _____

Office Use Only - Please Do Not Fill Out This Section

Petition Number: _____

Approved By: _____

Date: _____

Signature: _____

Receipt Number: _____

Date: _____