

PROPERTY ADDRESS _____

PHONE NUMBER: _____

PARCEL #: _____

A Home Occupation Permit was granted to _____ for the operation of _____.

PLEASE CANCEL THE ABOVE HOME OCCUPATION PERMIT.

DECLARATION:

By signing this form, it is understood and agreed that the criteria for granting the above Home Occupation Permit is still in effect. Permission is hereby given the duly authorized representative of the City of Jackson to make an investigation to verify that the criteria for the Home Occupation Permit are in compliance and verify authenticity of the grantee(s) and property owner(s). It is further understood that the Zoning Administrator and staff may inspect the subject property, make photographs and obtain any verifications and data necessary to ensure compliance with the City of Jackson Zoning Ordinance. *Additionally, if the above box is checked, it is understood that the Home Occupation Permit will be cancelled.*

The above information is true, and complete to the best of my knowledge.

Grantee's Signature

WITNESS THE SIGNATURE(S) of the owner(s) of the subject property located at

Jackson, Mississippi

On this the _____ day of _____, 20_____.

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

Personally came and appeared before me, the within named:

who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the grantee and owner(s) of the subject property as described in this Home Occupation Permit.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the _____ day of _____, 20_____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

(Official Seal)