HOME OCCUPATION PERMIT APPLICATION

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE INFORMATION COULD DELAY APPROVAL

Non-refundable Inspection Fee: $100

Name of Business:

Applicant: **Phone #:**

Applicant's Physical Address:

Describe the proposed home occupation business and the type of work/activities that will be conducted in the house:

1. Including yourself, how many employees working in the home occupation are residents of the home?

2. What equipment and/or materials will be used at home in connection with home occupation? (Please list all tools, products, chemicals and inventory)

3. Where will you store and/or use equipment and/or materials within the interior of the residence? (Excluding garage, accessory structures, and yard areas per SMC 20.03.020((B)(2))

4. Will the use of equipment at home result in any noise, vibration, odor or other neighborhood impacts?

5. How many trips to the house will clients or deliveries generate per day?

6. What room(s) or area of the house will be used for the home occupation?

7. What are the dimensions of the space(s) or room(s) that will be used for the home occupation business?

Acknowledgement:

I have read the Home Occupation standards and understand that I must meet and comply to Home Occupation standards. I certify that the information contained in the application is true and correct to the best of my knowledge:

Applicant's Signature: Date:

CONSENT OF PROPERTY OWNER:

Property Owner Name: Phone #:

Owner's Address: City: State: Zip Code:

Under the penalty of perjury I, , declare that I am the ☐ owner ☐ owner' agent of the property identified above, and that the information presented in this application is factual to the be of my knowledge.

Signature of Owner/Agent: Date:

STAFF ONLY Approved: ☐ Denied: ☐

Property Owner: Parcel #:

Zoning:

Staff Comments:

Planner's Signature: Date: