



Planning Division
5155 Silverton Rd. NE
Salem OR 97305
Ph. (503) 588-5038; fax (503) 589-3284
<http://www.co.marion.or.us/PW/Planning>

In order to determine whether or not a particular business/activity is permitted, the Marion County Planning Division requires certain information. Also, to assist a property owner or tenant in obtaining as much information as possible on other Marion County regulations, permits and fees several other sections of Public Works must also review this form.

PROCEDURE:

1. Complete the attached Home Occupation Preliminary Review Form, sign, and submit to the Planning Division. Include an accurate site plan of the property, drawn to scale, similar to the attached example. The plan must include lot dimensions, all structures on the property, and distances to property lines. Include location and dimensions of the building where the business is to be conducted, area within the building devoted to the home occupation, and location of off-street parking.
2. When you submit the forms Planning Division staff will determine the level of review necessary, based on the type of business or activity proposed.
3. You will then take the form to Building Inspection (in the same building as the Planning Division) for review of the proposal to determine if it meets building codes and septic system regulations. In most instances, this review can be done while you wait. Building Inspection will also inform you of any permits and/or fees required by their office.
4. Next, Land Development Engineering and Permits (LDEP) will review your proposal to determine if it meets traffic and access regulations and of any permits and/or fees required by their office. This office is at the same location as Building Inspection. In most instances, the form will be left with LDEP as their review will take approximately 5 business days.
4. Planning Division staff will call or email you when the review is complete. At this point, if you have questions or concerns regarding any required additional review, permits and/fees, you can discuss them with that particular office staff.
5. If you choose to proceed, and your request has been determined to meet all applicable criteria and regulations, Planning Division staff will either collect the fee for a Limited Home Occupation and give you a copy of the signed Agreement or continue with the Conditional Use application (this is based on the type of business/activity requested and the zoning of the subject property).



HOME OCCUPATION
PRELIMINARY REVIEW

For Office Use Only

- Limited Home Occupation**
 Conditional Use Home Occupation

- Planner:** _____
 CE: _____

APPLICANT NAME:	ADDRESS, CITY, STATE, AND ZIP:	
DAYTIME PHONE (if staff has questions about this application):	E-MAIL (if any):	
ADDRESS OF SUBJECT PROPERTY:	SIZE OF SUBJECT PROPERTY:	
DESCRIBE IN DETAIL THE PROPOSED BUSINESS AND HOW IT WILL BE OPERATED FROM YOUR HOME. INCLUDE PRODUCTS OR SERVICES PROVIDED (attach additional sheet if necessary):		
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THE NAME OF THE PROPOSED BUSINESS: _____		
WILL THE BUSINESS BE OPEN TO THE PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE WILL THE BUSINESS BE CONDUCTED: _____		
In the boxes below, list the <u>total square footage</u> of the proposed business (in all buildings on the property, if applicable). Also list, in the line below each applicable building, the square footage for associated activities of the business such as office, warehouse, service area:		
<input type="checkbox"/> Home	<u>Total</u> sq. ft. of home:	<u>Total</u> sq. ft. of business in the home:
<input type="checkbox"/> Garage	<u>Total</u> sq. ft. of garage:	<u>Total</u> sq. ft. of business in the garage:
<input type="checkbox"/> Accessory building	<u>Total</u> sq. ft. of accessory bldg.:	<u>Total</u> sq. ft. of business in accessory bldg:
PLEASE EXPLAIN, IN DETAIL, WHAT EQUIPMENT WILL BE USED IN YOUR BUSINESS. INCLUDE THE QUANTITY AND SIZE OF EQUIPMENT AND HOW IT WILL BE OPERATED:		
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PLEASE EXPLAIN, IN DETAIL, WHAT TYPE OF HAZARDOUS MATERIALS, IF ANY, WILL BE USED OR ACTIVITIES CONDUCTED (i.e. welding, paint, stripper, solvents, petroleum products, fiberglass, resins, flammable materials, etc.):		
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WILL YOU BE PREPARING FOOD ITEMS OR PRODUCTS FOR SALE TO THE PUBLIC OR RETAIL STORES?
(if yes, please describe):

IF THIS IS A BED AND BREAKFAST, WILL YOU BE RENTING MORE THAN TWO ROOMS TO THE PUBLIC OR HAVING EVENTS (i.e. gatherings, receptions, weddings, etc.):

WILL THIS BUSINESS INCREASE THE VOLUME ON THE SEPTIC SYSTEMS (liquid or solid waste)?

WHAT OUTSIDE ACTIVITY OR STORAGE DOES THIS BUSINESS REQUIRE (please explain in detail):

HOW MANY EMPLOYEES DOES THIS BUSINESS REQUIRE, INCLUDING YOURSELF?

WHERE DO THEY RESIDE?

ARE VEHICLES USED BY THE BUSINESS? NO YES - HOW MANY? _____

ARE DELIVERIES OR PICK-UPS REQUIRED? NO YES _____

IS ADDITIONAL PARKING REQUIRED? NO YES _____

ESTIMATE THE TOTAL NUMBER OF DAILY CUSTOMERS:

WILL THERE BE ANY NEW CONSTRUCTION, ALTERATION, REMODELING, ADDITIONS OR REPAIRS TO ANY BUILDINGS FOR THE BUSINESS? _____

WILL A SIGN BE PLACED ON YOUR PROPERTY TO ADVERTISE YOUR BUSINESS?

I/We hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that all the above information, statements, and attachments herewith are true; and the applicants so acknowledge that any agreement or permit issued on the basis of this information may be revoked if it is found that any such statements are false.

SIGNATURES of each owner of the subject property.

DATED this _____ day of _____, 20_____

MARION COUNTY PUBLIC WORKS HOME OCCUPATION REVIEW

Marion County Building Inspection Division (503) 588-5147

Permits and/or additional review required: Yes No

If yes, list requirements: _____

Reviewed by _____ Date _____

Estimated fees, if any: _____

Requirements met; no further action required by this reviewing agency

Approved by _____ Date _____

Building Inspection On-Site/Septic

Permits and/or additional review required: Yes No

If yes, list requirements: _____

Reviewed by _____ Date _____

Estimated fees, if any: _____

Requirements met; no further action required by this reviewing agency

Approved by _____ Date _____

Land Development Engineering and Permits Section (503) 584-7714

Permits and/or additional review required: Yes No

If yes, list requirements: _____

Reviewed by Date

Estimated fees, if any: _____

Requirements met; no further action required by this reviewing agency

Approved by Date