



HOME OCCUPATION
SUPPLEMENTAL INFORMATION

Applications will no longer be accepted by email or mail.
All applications must be submitted in person.

Effective 12/16/02

Do not double-side or spiral bind any documents being submitted

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):		
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 sq. ft. of home:</u>	<u>Total sq. ft. of business in the home:</u>
<input type="checkbox"/> Garage	<u>Total sq. ft. of garage:</u>	<u>Total sq. ft. of business in the garage:</u>
<input type="checkbox"/> Accessory building	<u>Total sq. ft. of accessory bldg.:</u>	<u>Total sq. ft. of business in accessory bldg:</u>
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:		
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.): _____		

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.

PRINTED NAME AND SIGNATURE of each owner of the subject property.

_____ Print Name	_____ Signature	_____ Print Name	_____ Signature
_____ Print Name	_____ Signature	_____ Print Name	_____ Signature

DATED this _____ day of _____, 20_____