



City of Leavenworth
DEPARTMENT OF DEVELOPMENT SERVICES

GROUP A HOME OCCUPATION PERMIT APPLICATION

This application must be filled out legibly, in black ink, either hand printed or typewritten

Applicant:

Last Name: _____ First Name: _____

Business Name: _____ UBI Number: _____

Mailing Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (If Different than Applicant):

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property/Project Information:

1. What is the proposed home occupation (please be specific, including all known uses and/or activities such as office space, retail space, storage or shipping space, manufacturing, vehicle or equipment storage, etc. – attach additional pages for your narrative if more space is needed): _____

2. What is the address of the proposed home occupation: _____

Assessor's Tax Parcel ID Number: _____

Legal Description: Subdivision: _____ Block: _____ Lot: _____

Zoning Designation:

- Residential Multifamily
- Residential Low Density 10,000
- Residential Low Density 6,000
- Residential Low Density 12,000

3. Is this location your primary residence? Yes No
4. Will there be any person other than immediate resident(s) of the dwelling or property employed in the home occupation?
No Yes If so, explain: _____
5. Will any equipment or employees be dispatched from the premises other than the business owner and owner's vehicle?
No Yes If so, explain: _____
6. Will more than two customers per month visit the home occupation?
No Yes If so, explain: _____
7. Will anything be sold or offered for sale from the premises?
No Yes If so, explain: _____
8. Will any stock in trade (any item or goods that are kept on hand for sale to customers as part of the business) or commodities kept for sale which are not produced on the premises be kept at the home occupation?
No Yes If so, explain: _____
9. Will any materials or commodities be delivered to or from the home occupation / residence which are of such bulk or quantity that a commercial vehicle or trailer (one with a DOT number) is required?
No Yes If so, explain: _____
10. Will there be more than one delivery to, or pick-up from, the home occupation per day (includes all carriers)?
No Yes If so, explain: _____
11. Will more than 20 percent of the total floor area of one floor of the residence be used for the home occupation?
No Yes If so, explain: _____

For ALL Applicants:

What is the total square footage of the floor on which the home occupation is located: _____

What is the total square footage of the home occupation: _____

12. Will the home occupation be conducted in a detached garage or accessory structure (like a shed)?
No Yes If so, how many square feet of floor area in the structure will be used? _____

For ALL Applicants:

How many garages and accessory structures are located on the property? _____

Will the use eliminate required parking? No Yes

Parking on the property includes (attach map if needed): _____

13. Will there need to be, or have there been, any structural alterations within the residence, garage, or accessory structure to accommodate the home occupation?
No Yes If so, explain: _____

14. Was the structure from which you will conduct the home occupation built after January 28, 2014?
No Yes If so, attach a copy of the Certificate of Occupancy issued for the structure
15. Will any parking space be obstructed or additional parking needed for the home occupation?
No Yes If so, explain: _____
16. Will there be any signage, window displays, sample commodities, equipment, vehicles (with the exception of the owner's vehicle), or other materials related to the business which will be displayed or stored outside?
No Yes If so, explain: _____
17. Will any materials or mechanical equipment be used which create vibration, noise, dust, smoke, odor, interference with radio or television or other factors?
No Yes If so, explain: _____
18. Is any other licensing (for example Department of Health, Washington State or federal) required for the home occupation?
No Yes If so, explain: _____
19. Has a City Business License application been made to the Washington State Department of Revenue, Business Licensing Service for the home occupation?
No Yes If so, what is the UBI Number: _____
20. Does the home occupation include any of the following activities? Check any that apply:
- | | |
|---|--|
| <input type="checkbox"/> Garage yard, or rummage sale, | <input type="checkbox"/> grocery sales, |
| <input type="checkbox"/> delivery service, | <input type="checkbox"/> second-hand merchandise sales, |
| <input type="checkbox"/> equipment / trailer rental service, | <input type="checkbox"/> equipment rental, |
| <input type="checkbox"/> industry, | <input type="checkbox"/> physician, |
| <input type="checkbox"/> kennel, | <input type="checkbox"/> dentist, |
| <input type="checkbox"/> motorized or non-motorized vehicle repair, | <input type="checkbox"/> chiropractor, |
| <input type="checkbox"/> welding, | <input type="checkbox"/> restaurant, |
| <input type="checkbox"/> fabricating, | <input type="checkbox"/> veterinarian, |
| <input type="checkbox"/> antique sales, | <input type="checkbox"/> wholesale or retail sales, |
| <input type="checkbox"/> funeral services, | <input type="checkbox"/> transient (less than one month) rental / accommodations |

Note: Additional information may be requested by the City as needed for review of this application.

I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit or approval may be revoked. I also understand that additional conditions may be placed on the permit if it is approved.

Applicant Signature(s) _____ Date: _____

Property Owner Signature: _____ Date: _____