



City of Leavenworth  
DEPARTMENT OF DEVELOPMENT SERVICES

GROUP B 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, how many employees? \_\_\_\_\_  
What are the proposed hours of each employees (days, times)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What are the proposed days/hours of operation of the home occupation? \_\_\_\_\_  
\_\_\_\_\_
  
6. Will any equipment or employees be dispatched from the premises other than the business owner and owner's vehicle?  
No     Yes    If so, explain: \_\_\_\_\_
  
7. How many customers will visit the home occupation within any twelve hour period (each visit is one "customer")? \_\_\_\_\_
  
8. How many customers will visit the home occupation at any given time? \_\_\_\_\_
  
9. Will water or sewer services be necessary for the home occupation? \_\_\_\_\_
  
10. Will anything be sold or offered for sale from the premises?  
No     Yes    If so, explain: \_\_\_\_\_
  
11. 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: \_\_\_\_\_
  
12. 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: \_\_\_\_\_
  
13. Will more than 50 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:**  
Total square footage of the floor on which the home occupation is located: \_\_\_\_\_  
Square footage of the home occupation: \_\_\_\_\_
  
14. 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? \_\_\_\_\_  
How many garages and accessory structures are located on the property? \_\_\_\_\_
  
15. 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: \_\_\_\_\_



**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: \_\_\_\_\_