



**City of Leavenworth**  
700 Highway 2 / Post Office Box 287  
Leavenworth, Washington 98826 (509)  
548-5275 / Fax: (509) 548-6429 Web:  
[www.cityofleavenworth.com](http://www.cityofleavenworth.com)

## Home Occupation Application

Please print with blue or black ink or use auto-fill to complete.

**Applicant/Owner** *(the owner or person authorized by the owner to make application and sign)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_ UBI Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Address: *(if different)* \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner** *(if different from the applicant)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Information**

1. What is the proposed home occupation (include 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. Is the home occupation/residence located within your primary residence? \_\_\_\_\_
  - a. What area (square footage) is used for the home occupation? \_\_\_\_\_
3. What are the proposed days/hours of operation for the home occupation? \_\_\_\_\_
4. Will the home occupation be visited by customers/clients? \_\_\_\_\_ If so, how many per month/day? \_\_\_\_\_
5. Will there be any person other than immediate resident(s) of the home be employed in the home occupation? \_\_\_\_\_  
\_\_\_\_\_
  - a. If so, how many employees and what are the working hours? \_\_\_\_\_
6. Will any equipment or employees be dispatched from the premises other than the business owner? \_\_\_\_\_  
\_\_\_\_\_
7. Will anything be sold or offered for sale from the premises? \_\_\_\_\_  
\_\_\_\_\_
8. Will any stock in trade or commodities be kept for sale which are not produced on the premises be kept at the home occupation? \_\_\_\_\_  
\_\_\_\_\_
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/trailer is required? \_\_\_\_\_  
\_\_\_\_\_
10. Will there be more than one delivery to, or pick-up from, the home occupation/residence per day? \_\_\_\_\_  
\_\_\_\_\_
11. What is the total square footage of the floor on which the home occupation is located? \_\_\_\_\_
12. What is the total square footage of the home occupation? \_\_\_\_\_
13. How many garages and accessory structures are located on the property? \_\_\_\_\_
14. Where are vehicles parked on the property? (site plan may be requested)? \_\_\_\_\_
15. Will any parking spaces be obstructed or additional parking needed for the home occupation? \_\_\_\_\_  
\_\_\_\_\_

16. Will there need to be, or have there been, any structural alterations with the residence, garage, or accessory structure to accommodate the home occupation? \_\_\_\_\_
17. Will there be any signage, window displays, sample commodities, equipment, vehicles or other materials related to the home occupation which will be displayed or stored outside? \_\_\_\_\_
18. Will any materials or mechanical equipment be used which create vibration, noise, dust, smoke, odor, interference with radio or television? \_\_\_\_\_
19. Is any other State or Federal licensing required for the home occupation? \_\_\_\_\_
20. Has a City Business License application been applied for or approved? \_\_\_\_\_
21. Does the home occupation include any of the following activities? Check all that apply.
 

<input type="checkbox"/> Kennel, <input type="checkbox"/> Welding, <input type="checkbox"/> Fabricating, <input type="checkbox"/> Antique Sales, <input type="checkbox"/> Funeral Services, <input type="checkbox"/> Grocery Sales, <input type="checkbox"/> Delivery Service, <input type="checkbox"/> Equipment Rental, <input type="checkbox"/> Physician,	<input type="checkbox"/> Dentist, <input type="checkbox"/> Chiropractor, <input type="checkbox"/> Restaurant, <input type="checkbox"/> Veterinarian, <input type="checkbox"/> Wholesale or Retail Sales, <input type="checkbox"/> Garage, Yard or Rummage Sale, <input type="checkbox"/> Equipment/Trailer Rental Service,	<input type="checkbox"/> Second-Hand Merchandise Sales, <input type="checkbox"/> Motorized or Non-Motorized Vehicle Repair, <input type="checkbox"/> Transient (Less Than One Month) Rental / Accommodations
---	--	--

**Acknowledgements**

*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 understand and acknowledge that the City may require additional information and my apply conditions on this permit if approved.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_