



HOME OCCUPATION AFFIDAVIT

Date Received:	
APPLICANT INFORMATION	
Name(s)	
Address	
Phone (main)	
Phone (cell)	
Email	
CONTACT INFORMATION	
Name(s)	
Address	
Phone (main)	
Phone (cell)	
Email	
GENERAL INFORMATION	
Property Address & Location	
Total acres & square feet of site	
Tax Parcel ID# (list all)	
Existing Use of Property	
Existing Zoning	
HOME OCCUPATION INFORMATION	
Name	
Type	
Proposed Opening Day	
Number of Employees	
Total Floor Area of home (sq. ft.)	
Floor Area of Business (sq. ft.)	
Hours of Operation	
Days of Week Open (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday	

HOME OCCUPATION QUESTIONNAIRE

Description of Business:

WA State UBI #

WA State Contractors License #

Health Permit #

Professional License #

Will the Home Occupation be carried out exclusively by residents of the dwelling unit? Yes No

Will there be employees working or visiting the business that do not reside in the dwelling? Yes No

Will there be customers or clients visiting the dwelling unit? Yes No

Will the home occupation be conducted entirely within the structures on site, without any significant outside activity?
Yes No

Will vehicles be used in conjunction with the home occupation? Yes No
If yes, please list all types, including gross vehicle weight for trucks:

How often are deliveries made by commercial vehicles that are larger than a standard UPS truck?

Will the home occupation produce noise or vibration? Yes No
If yes, please explain:

Will the home occupation project dust, odors, or smoke? Yes No
If yes, please explain:

Will the home occupation create any glare on public streets and/or neighboring properties? Yes No
If yes, please explain:

Will flammable and hazardous materials be handled or stored on the property? Yes No
If yes, please explain:

Will materials in conjunction with the home occupation be stored outside the dwelling unit? Yes No
If yes, please explain:

Will there be a sign on the property in conjunction with the home occupation? Yes No
If yes, a sign permit application will be required.

A floor plan of the residence in which you will be conducting your home occupation must be submitted with your application that depicts the following:

1. Address of residence
2. Name and phone number of property owner
3. Square foot of entire dwelling unit
4. Square footage dedicated to the home occupation
5. Entry location
6. Proposed sign location
7. Existing parking locations
8. Any other information relevant to processing your application

Note: Home Occupations shall not exceed 25% of the gross floor area of the residence.

APPLICANT CERTIFICATION

I am the owner or am authorized by the owner to sign and submit this affidavit on their behalf. I certify under penalty of perjury of the laws of the State of Washington that the information on this affidavit and all information submitted herewith is true, complete and correct. And that I have familiarized myself with the rules and regulations with respect to preparing and filing this home occupation application

DATED AT _____, Washington on this date: _____

Applicant's Signature: _____

REAL PROPERTY OWNER CERTIFICATION

I authorize the above applicant to submit this affidavit on my behalf. I also grant permission for City staff and agents to enter onto the subject property for the sole purposes of making any inspection of the property which is necessary to process this affidavit.

DATED AT _____, Washington on this date: _____

Owner's Signature: _____