



CITY OF SNOHOMISH

Founded 1859, Incorporated 1890

116 UNION AVENUE · SNOHOMISH, WASHINGTON 98290 · TEL (360) 568-3115 FAX (360) 568-1375

HOME OCCUPATION APPLICATION

For more information, refer to Snohomish Municipal Code (SMC) 14.207.075(3)

| | |
|-----------------------|--------------------|
| Date: | File #: |
| Address: | |
| Land Use Designation: | Property Tax #(s): |
| | |

APPLICANT/CONTACT

| |
|-------------------------|
| Name: |
| Address: |
| City/State/Zip: |
| Phone: |
| Cell Phone: |
| Alternate Phone: |
| E-mail: |

OWNER (IF DIFFERENT FROM APPLICANT)

| |
|-------------------------|
| Name: |
| Address: |
| City/State/Zip: |
| Phone: |
| Cell Phone: |
| Alternate Phone: |
| E-mail: |

FEE

| | | | | |
|--------------------------|---------------------|----------|-------------------------|-------------------|
| <input type="checkbox"/> | Home Occupation Fee | \$ 25.00 | Date of Receipt: | Receipt #: |
|--------------------------|---------------------|----------|-------------------------|-------------------|

QUESTIONS

Provide a detailed description of your home occupation:

| | |
|---|--|
| | |
| Will the home occupation be conducted at your principle residence? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Will the home occupation be secondary to the use of the structure as a residence? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How many occupants of the residence will be involved in the home occupation? | |
| How many persons will be involved in the home occupation that <i>do not</i> reside in the residence? | |
| What are the hours of operation for the home occupation? | |
| | |
| How many customers per day do you anticipate? | |
| | |
| How many deliveries per week do you anticipate? | |
| | |



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Total square footage of floor area, including accessory buildings that will be used for the home occupation:

Total square footage of the residence:

Will the home occupation be conducted within an enclosed building, including storage of materials / equipment?

Will the home occupation include a sign? If yes, please describe

YES NO

State how the home occupation will / will not create one or more of the following problems:

High volumes of traffic/traffic hazards:

Demand for parking spaces:

Noise:

Vibration:

Dust:

Smoke:

Odor:

Visible storage of materials/equipment:

BUSINESS LICENSES WILL NOT BE ISSUED UNTIL A HOME OCCUPATION PERMIT IS OBTAINED

Signature of Owner or Authorized Agent

Printed Name

Date

Permit Coordinator: _____ Date: _____

Home Occupation Application

May 2008