



Home Occupation Permit Application Form

Staff Use Only

Application Number: _____

Received By: _____

Date: _____

A home occupation shall be allowed as a permitted use provided *all* the following conditions are met:

- A. Medical and dental offices are not permitted as home occupations.
- B. In addition to the family occupying the dwelling containing the home occupation, there shall not be more than one (1) outside employee working at the site of the home occupation.
- C. The employee and clients may park in on-street curbside parking spaces.
- D. The home occupation shall not exceed one thousand (1,000) square feet or thirty percent (30%) of the total floor area of the dwelling, whichever is less, or can be located in an accessory building not to exceed five hundred (500) square feet. The home occupation shall be conducted entirely within the dwelling or designated accessory buildings.
- E. The home occupation shall be clearly incidental and secondary to the use of the dwelling for dwelling purposes and must not change the residential character thereof.
- F. There shall be no change in the outside appearance of the building or premises or other visible evidence of the conduct of such home occupation, including advertising signs or displays or advertising that solicits or directs persons to the address.
- G. On-premises exterior storage of material or equipment used as a part of the home occupation is permitted as a conditional use only in the A and RR Districts.
- H. No equipment or process shall be used in such home occupation which creates any glare, fumes, odors or other objectionable conditions detectable to the normal senses off the lot if the occupation is conducted in a single-family dwelling or in an accessory building to a single-family dwelling, or outside the dwelling unit if conducted in other than a single-family dwelling.
- I. Proprietors of home occupations shall register annually with the city, which registration shall include a review of compliance with the home occupation standards contained in this code and an application for a business license of license renewal if required by this code.
- J. The following uses, because of their tendency to go beyond the limits permitted for home occupations and thereby impair the use and value of the residential area, shall not be permitted as home occupations: motor vehicle repair or motorized implement repair; dance, music or other types of instruction (if more than four [4] students being instructed at one [1] time); dental offices; medical offices; the painting of vehicles, trailers, or boats; private schools with organized classes; radio and television repair; barbershops and/or beauty shops; machine or welding shops; nursing homes; sexually oriented businesses; and, irrespective of whether the use may be categorized as a sexually oriented business, any retail or wholesale sales to consumers upon the premises of any types of materials specified in this title which describe or depict specified sexual activities or specified anatomical areas.
- K. All exterior aspects of the home occupation operation shall not disrupt the residential character of the area.
- L. A maximum of ten (10) client vehicle trips per day may visit the home occupation.

1. **Business/occupation name and location** *(street address)*: _____.

2. **Contact information:** *(a list of additional contacts may be attached)*

Owner Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

3. **Please attach the following items:**

a. Description of the business activity including:

1. number of employees and their relationship to the owner
2. total square footage of dwelling/accessory building(s) and percentage of each used for the business/occupation
3. number of client trips and/or deliveries per day

b. Application fee of \$100.00.

4. **Certification:** *(must be signed in blue ink)*

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I affirm that I am the business owner and understand that I am responsible for all other licenses, permits, bonds and/or insurances required by the City of Craig, Moffat County, the State of Colorado and/or any other governing agency..

Applicant: _____ Date: _____

5. **Approval by Planning Director**

Planning Director: _____ Date: _____

For additional information, please see the Craig Land Use Code 16.03.010.