STATEMENT FOR HOME OCCUPATION

Name of Business: ____________________________

Address: ____________________________ Phone: __________________________

City: Idaho Falls State: ID Zip: __________________________

Email: ____________________________ Zone: __________________________

Subdivision: ____________________________

Description of Business and Business Activity: ____________________________

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Square Footage of Dwelling Unit: _______ Square Footage of Home Occupation Area(s): _______

11-7-1 Home Occupation. An occupation or profession conducted entirely within a dwelling unit or accessory building and carried on by persons residing on the premises and clearly incidental to a residential use.

11-2-6 (R) Home Occupations. The following activities do not require a home occupation: Artist, sculptors, craft work, such as jewelry-making and pottery, and composers who do not sell product to the public on the premises; and Home offices with no clients visits to the home permitted; and telephone answering and message services; and private instruction (including tutoring or artistic instruction such as music, dance, art, etc.) where not more than one (1) student is on the premises for lessons at any given time.

Home Occupations are not a permitted use in the Residential Park (RP) zones.

Conditional Use Permit: If you are planning to have a child care center (13 or more children) in a Single Dwelling Residential (R1) zone, have outside employees on a regular basis, or will not reside in the home used for child care, a Conditional Use Permit is required. To obtain a conditional use permit in most residential zones, a public hearing approval is required. Off-street parking and unloading zones must be provided. For more information, please contact the Planning and Zoning Department.
Before the Zoning Administrator shall issue a permit for a Home Occupation, the requirements listed below must be met. Please initial in the space provided to indicate you have read, understand, and agree to the conditions for a Home Occupation.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Staff</th>
<th>Conditions</th>
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<td>A home occupation shall be conducted entirely within a residential dwelling or accessory structure.</td>
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<td>No employment of on-premise help other than the residents of the dwelling shall be allowed.</td>
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<td>No more than twenty percent (20%) floor space of the area of the dwelling shall be used in the home occupation.</td>
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<td>No outdoor storage of any materials or supplies, and no overnight on-site parking of any commercial or business vehicle of greater than eight-thousand (8,000) pounds gross vehicle weight shall be allowed.</td>
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<td>Advertising shall be limited to one eighteen inch by twenty-four inch (18” x 24”) non-illuminated sign posted on the exterior of the home or in a front window. Yard signs are not permitted.</td>
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<td>The appearance of the building shall not be altered and the occupation shall not be conducted in any manner that causes the premises to deviate from its residential character, either by color, materials or construction, lighting, signs, sound or noise vibrations, traffic generation and parking requirements.</td>
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<td>The use of utilities or community facilities shall not be beyond that reasonably used for residential properties.</td>
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<td>No home occupation shall generate the need for off-street parking or loading areas that are more extensive than those normally provided for a residence. Nor shall any home occupation create a consistently negative impact upon on-street parking in its neighborhood.</td>
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<td>The applicant shall sign a statement that he is aware of all requirements and conditions under which approval of the home occupation is given, and that if any of said requirements or conditions are violated, approval shall become null and void. Said statement shall become part of the Certificate of Occupancy.</td>
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The undersigned applicant for a permit for Home Occupation states he/she has read, and is familiar with the provisions of 11-2-6 (R) of Idaho Falls Ordinance No. 3179 governing Home Occupations and further understands that if any of said requirement(s) shall be hereafter violated, the permit herewith applied for shall become null and void.

__________________________________________  Signature: ______________________________

Name of Applicant (Please Print)  

Date: ______________________________

__________________________________________  Date: ______________________________

Reviewed and Issued by/Title

NOTICE TO APPLICANT

ADA Disclaimer:
This permit, license, or approval of your home occupation or home day care proposal represents compliance with city ordinances. It, in no manner, represents your business proposal is in compliance with the Americans with Disability Act (ADA as Amended) as the City has no jurisdiction in applying the requirements of the ADA (as amended) to businesses. For a business’ responsibilities under the ADA, refer to the Department of Justice website www.ADA.gov for guidance. See “Commonly Asked Questions About Child Care Centers and the ADA” or “ADA Guide for Small Businesses”.

Staff Use:

Staff Comments or Restrictions:

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