HOME OCCUPIED BUSINESS QUESTIONNAIRE

PLEASE TYPE OR PRINT LEGIBLY.

Applicant’s Name: __________________________________________________________

Street Address: __________________________________________________________________

Mailing Address (if different): __________________________________________________________________

Home Telephone: (____) __________ Business Telephone: (____) __________ Cell Phone: (____) ____________

*Please indicate which of the above telephone numbers we can reach you at during the day (____) ____________

Zoning District of Home (see attached zoning map): __________________________________________________________

Name of Business: __________________________________________________________________

Describe business to be conducted: __________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Chapter 1.13.90, Land Use Development and Management Code of the Price City Municipal Code, outlines the provisions of a business to be operated from a home *(please read attached Code section)*.

The following information is required by the Planning and Zoning Commission in order to review your request for a Home Occupied Business. This form must be completed and returned to the Community Director, or City Recorder, located at City Hall, 185 East Main, second floor, *at least 10 days prior* to the Planning and Zoning Commission meeting you wish to attend (see attached meeting schedule). *Incomplete applications will not be accepted or placed on the meeting agenda.*

A $50 fee applies to all Home Occupied Business Applications. This fee must accompany the application. All fees are to be paid at the Price City Utilities Office located on the first floor of City Hall, 185 East Main. If you have any questions, please call (435) 636-3184.

If you are NOT residing in the home you are doing business in, it is NOT a Home Occupied Business. You only need to complete the Conditional Use Permit and Business License Applications.
Please circle the correct answers pertaining to your proposed Home Occupied Business. Please answer all questions completely.

1. What percentage of the home will be used in the business? ________________________________
   (Take measurements if necessary)

   Yes  No

2. Will the business be located downstairs?
   
   Yes  No

3. Will an accessory building, such as a shed or garage, be used in the operation of the business?
   
   Yes  No

   If yes, is it already built?
   Yes  No

   Is it attached to the home?
   Yes  No

4. Will yard space be involved in the business?
   
   Yes  No

   If yes, for what purpose?______________________________________________________________

   Yes  No

5. Will anyone, other than family members living within the home, be employed in the operation of the business?
   
   Yes  No

6. Is the home facing a public street?
   Yes  No

7. Will the business generate traffic?
   Yes  No

   If yes, how much?______________________________________________________________

   Yes  No

8. Will cars be parked at this location while doing business?
   Yes  No

   If yes, how many cars will be parked at any one time?________________________________________

   How many vehicles can be parked off the street?________________________________________

9. Will deliveries be made to/from the home occupied business location?
   Yes  No

   If yes, what types of vehicles will be used?____________________________________________

   How frequently?________________________________________________________

   Yes  No

10. Will inventory be stored in the home?
    Yes  No

    If yes, what type and quantity?_______________________________________________________

11. Will your business advertise?
    Yes  No

    If yes, how?_____________________________________________________________________

12. Will you use a business sign?
    Yes  No

    If yes, where will it be located?______________________________________________________

    (Size limitation is 150 square inches)

13. Obtain and submit with this application, the signatures of all property owners within a 250 foot radius from front and rear property corners indicating whether they do or do not have any objections to the proposed business (use attached form on Page 5). We recommend that you fill in your name, address, and the business description before making copies. To request a map showing the homes located within the 250 foot radius, please visit the County Recorder’s Office, or contact the Price City Community Director (636-3184) for information and assistance. IF HOME IS FOR OFFICE USE ONLY, NO SIGNATURES ARE REQUIRED.
14. Please provide a sketch of the home floor plan, lot, and yard in the space below. You must show defined areas to be used for the Home Occupied Business. Use a separate sheet of paper if necessary.
I hereby certify that the above information is accurate, true, and correct to the best of my knowledge and understanding. I also understand that falsification and/or failure to provide information herein will be grounds for revoking my Home Occupied Business License.

I have read the Home Occupied Businesses regulations, Chapter 1.13.90 of the Land Use Development and Management Code of the Price City Municipal Code, included herein, and I understand and will comply with this ordinance. Any violations of this ordinance can result in the revoking of my Home Occupied Business License.

_________________________________________________________  ______________________________
Signature of Applicant                                      Date

_________________________________________________________  ______________________________
Planning and Zoning Commission Approval                    Date

_________________________________________________________  ______________________________
City Council Approval                                       Date
DEFINITION OF HOME OCCUPATION: An occupation of a person or family where they reside and which occupation is clearly incidental and secondary to the use of the structure for dwelling and residential purposes, and does not change the residential character of the dwelling or the neighborhood, and in connection with which there is no display and/or stock of merchandise. The home occupation shall not involve the use of an accessory building, either attached or detached, which substantially changes the character of the dwelling or of the neighborhood.

I, the undersigned, have reviewed with the applicant, ________________________________, the proposed Home Occupied Business located at ________________________________ for the defined purpose of conducting the following business within the home as described below:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I fully understand the nature of this request and (approve) _________ (disapprove) _______ this application.

Signature of Property Owner

________________________________________________________________________________________

Address of Property Owner

________________________________________________________________________________________

Date