



SMALL HOME OCCUPATION (ACC 8-5-3-54)

A Small Home Occupation requires the issuance of a **Zoning Certificate**

SITE INFORMATION:

Section: _____ Township: _____ Range: _____ Total Acres: _____
 Subdivision Name: _____ Lot: _____ Block: _____
 Site Address: _____ City: _____
 Tax Parcel Number(s): _____
 Zoning District: _____ Overlay District(s): _____

GENERAL INFORMATION:

HOME OCCUPATION: *An occupation, profession, or business activity that is incidental and secondary to a dwelling unit and does not affect the rural or residential character of the neighborhood.*

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|--|---|
| Square footage of principal dwelling: | Frequency of pick-ups, deliveries & visits by patrons: |
| Square footage of area of the home occupation: | Percentage of principal dwelling: |
| Are retail sales planned: YES <input type="checkbox"/> NO <input type="checkbox"/> | Home signage proposed: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Proposed Hours of Operation: | Proposed Days of Operation: |
| Number of off-street parking spaces: | Number of Commercial vehicles: |

- I certify the following regarding the proposed home occupation:
- Conducted solely by the residents of the principal dwelling. **No employees are allowed.** *Applicant Initials: _____*
 - **No client, customer, and/or student visits shall be allowed.** *Applicant Initials: _____*
 - No more vehicle trips per day than average for a residence will occur. *Applicant Initials: _____*
 - Use will not receive more than two (2) pick ups or deliveries per day. *Applicant Initials: _____*
 - Use & associated storage will not occupy space required for off street parking for the principal dwelling. *Applicant Initials: _____*
 - Hazardous materials will not be discharged into any sewer/drainage/ground. *Applicant Initials: _____*
 - Does not include the following uses: *service, repair or painting any vehicle; commercial kennel; adult entertainment; commercial composting; sale, repackaging or use of hazardous materials; contractor's yard; daycare.* *Applicant Initials: _____*
 - No processing of soil or rock shall be allowed. *Applicant Initials: _____*
 - Storage or use of hazardous materials, odor causing materials, or other materials that may cause a nuisance or health or safety problems is prohibited. *Applicant Initials: _____*

SITE PLAN: *(Include the following, drawn to scale/dimensioned):*

Property lines & Existing easements Existing & Proposed structures

FLOOR PLAN *(Include habitable & noninhabitable space and storage of goods and vehicles associated with use)*

Floor plan, showing no more than 25% percent (or 1,000-sq. ft. of the total floor area of the principal dwelling)

APPLICANT/AGENT: *(Please print)*

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct to the best of my knowledge. _____
Signature (Applicant)

PROPERTY OWNER: *(Please print)*

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct and allow Development Services staff to enter the property for related site inspections upon advanced notice (If a permit holder refuses to allow inspection of the premises by the department, the approved zoning certificate may be revoked. I agree to indemnify, defend and hold Ada County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of the application.

| | | | |
|-------------------------------------|------------|-------------------------------------|------------|
| Signature: Owner(s) of Record _____ | Date _____ | Signature: Owner(s) of Record _____ | Date _____ |
|-------------------------------------|------------|-------------------------------------|------------|

OFFICE USE ONLY:

| | | |
|--------------------|-------------|--|
| RECEIVED BY: _____ | DATE: _____ | DATE STAMPED: <input type="checkbox"/> |
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