

**CITYOF HAPPY VALLEY
HOME OCCUPATION PERMIT QUESTIONNAIRE**

*Please complete and submit with your Home Occupation Permit application
Page 1 of 2*

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you owner of the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you are NOT the owner, have you attached to this form an authorization Letter from the property owner or the owner's representative? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you attached mailing labels for all abutting properties?
(not necessary for multi-family units i.e. apartments) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there any evidence or visible display of your business from the outside of the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you made any structural alterations or additions that will affect the primary use of the home or garage that would effect the building code classification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your home occupation violate any conditions of development? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your home occupation (including storage) use more than 50% of the total floor area of the home (including the garage)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is your home occupation located in the primary house, attached or detached garage or an approved accessory dwelling unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any customers between the hours of 10:00 pm and 7:00 am? | <input type="checkbox"/> | <input type="checkbox"/> |

STORAGE

- | | | |
|---|--------------------------|--------------------------|
| 10. Do you store any items for your home occupation outside? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the storage of these items visible from the street or from adjacent homes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you store any hazardous materials on site as part of your home occupation? | <input type="checkbox"/> | <input type="checkbox"/> |

EMPLOYEES

- | | | |
|---|--------------------------|--------------------------|
| 13. Do you employ more than one full time employee on the site?
If so, how many? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of these employees family members?
If so, how many? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any of these employees report to work at the site?
If so, how many? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do your employees pick up or deliver items to the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you use your home for assembly of employees for instruction or dispatch? | <input type="checkbox"/> | <input type="checkbox"/> |

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VEHICLES/PARKING AND TRAFFIC

- | | YES | NO |
|--|--------------------------|--------------------------|
| 16. Do you park any commercially licensed vehicles on the site?
If so, how many? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. When you park at the site or in the driveway, does your commercial vehicle
hang over in the public ROW (i.e. sidewalk) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you receive deliveries to your site?
If so, whom makes these deliveries? i.e. mail carrier, UPS, FedEx

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are there any commercial vehicle deliveries during the hours of
10:00 p.m. and 7:00 a.m.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do clients visit your home?
If so, how many at any one time? _____
If so, how many clients visit your home in a 24 hour period? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does your business produce any radio or TV interference, noise, glare,
vibration, smoke or odor beyond local, state or federal standards
or that can be detected beyond the property line? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you understand that your home occupation permit is
dependent upon you obtaining and keeping current your
City of Happy Valley business license? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's signature: _____
Name of Business: _____
Date: _____
Address of home occupation site: _____