

TOWN OF SEVERANCE

3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546
PHONE: (970) 686-1218 FAX: (970) 686-6250

APPLICATION FOR HOME-BASED BUSINESS PERMIT

FEE: \$250

(TYPE OR PRINT CLEARLY)

Business Name: _____

Business Address: _____

Name of Property Owner(s): _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Type of Business: _____

Description of Proposed Home-Based Business – include type of products sold and services provided:

Will There Be Outdoor Activities? **YES** **NO**

If Yes, Please Describe: _____

Hours of Operation: _____

Will Deliveries Be Made to This Location? **YES** **NO** If Yes, Please Describe: _____

I declare, under the penalty of perjury, that this application has been examined by me and to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____

Printed Name: _____ Title: _____

Date: _____

CHECKLIST FOR HOME-BASED BUSINESS PERMIT

Please fill out and return to the Community Development, PO Box 339,
Severance CO 80546

Business Name: _____

Name of Property Owner(s): _____ Phone: _____

Location Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Circle Answer

- | | | |
|---|-----|----|
| 1. How many employees will come to your residence? | Yes | No |
| 2. Do you have _____ HOA _____ Metro District Approval? | Yes | No |
| 3. Does your business operation exceed 1,000 square feet or 30% of the floor area of the dwelling? 1 st Floor _____ 2 nd Floor _____ Basement _____ Business Area _____ | Yes | No |
| 4. Is your business operation located in an accessory building? | Yes | No |
| If so, does it exceed 500 square feet? | Yes | No |
| 5. Is your dwelling used primarily for business? | Yes | No |
| 6. Does your business operation change the residential character of the dwelling? | Yes | No |
| 7. Is there any change in the outside appearance of the building or premises or any visible sign of a home-based business? | Yes | No |
| 8. Will you have an advertising sign-Must adhere to Sign Code? | Yes | No |
| 9. Do you have any exterior storage on your property for equipment or materials for your business? | Yes | No |
| 10. Does your business operation create any noise, glare, fumes, odors or other objectionable conditions detectable to the normal senses outside the dwelling? | Yes | No |
| 11. How many customers per day will come to your residence? | Yes | No |

The following uses, because of their tendency to go beyond the limits permitted for home-business and thereby impair the use and value of the residential area, are NOT permitted as home-based businesses:

- ANY Medical Marijuana or Marijuana related Business
- Auto Repair, painting or motorized vehicles or Motorized Implement Repair
- Dance, Music or other types of instruction (if more than 4 students are instructed at one time)
- Welding Shops
- Nursing Homes
- Any retail or wholesale sales to consumers upon the premises not incidental to the home-based business

FOR ADMINISTRATIVE USE

Business Classification

_____ Home-Based Business Type I

_____ Home- Based Business Type II

Additional Home- Based Business Type II Required Documents

_____ Proof of Ownership

_____ Aerial Image

_____ Site Plan (Access & Exit Points Indicated)

_____ Mailing Labels & Stamped Envelopes (500 Ft. Radius)

_____ HOA/Metro District Approval

TOWN USE ONLY BELOW THIS POINT

Public Hearing Date _____ 1920 _____ 2020

Public Hearing Notification of Surrounding Property Owners within 500 feet (15 days prior to Hearing)

Decision _____

Date of Decision _____