



### APPLICATION FOR HOME-BASED BUSINESS PERMIT

- A **\$25 application fee** is due at the time of application, which must be paid by check or card. You can pay in person or by phone at 970-686-1218. There is an additional processing fee if you pay by card.
- Submittal of the application and receipt of payment does not guarantee approval of the application.
- Please submit to [planning@townofseverance.org](mailto:planning@townofseverance.org)
- **The approved permit will be returned via email.**

**PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS:**

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**BUSINESS INFORMATION:**

Business Name (Registered with the Secretary of State):

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Business D/B/A Name:

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Business Website:

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Business Phone:

Business Email:

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Business Address (Location), City, State, Zip:

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Mailing Address (if different):

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Does your business sell (select):  Wholesale  Retail  N/A, provide services only

Ownership Type (select):  Individual  Partnership  Corporation  LLC

Other \_\_\_\_\_

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Name of Business Owner(s):

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Name of Business Manager:

Manager's Phone:



QUESTIONS	
1. Will there be outdoor activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1 If yes, please describe:	
2. What are the hours of operation?	
3. Will deliveries be made to this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1 If yes, please describe:	
4. How many employees will come to your location? _____	
5. Do you have HOA or Metro District Approval? (Provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your business exceed 1,000 square feet or 30 percent of the floor area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Enter the square feet of each: 1 <sup>st</sup> Floor _____ 2 <sup>nd</sup> Floor _____ Basement _____ Business Area _____	
7. Is your business operation located in an accessory building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 If so, does it exceed 500 square feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your dwelling used primarily for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there any change in the outside appearance of the building or premises, or any visible sign of a home-based business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will you have a sign? (Must adhere to sign code)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any exterior storage on your property for equipment or materials for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your business operation create any noise, glare, fumes, odors, or other objectionable conditions detectable to the normal senses outside the dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. How many customers will come to your residence per day?	



## STANDARDS:

The following uses, because of their tendency to go beyond the limits permitted for home-based 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, auto painting, 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.

Any home-based business not meeting the standards above or otherwise denied a permit by the Town Manager or designee may only be approved by a special use permit. The special use permit requires a separate application and fees.



**OATH OF APPLICANT AND SIGNATURE**

I, the applicant or authorized signer, affirm that the statements made herein are made in good faith and, to the best of my knowledge and belief, are accurate, correct, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR INTERNAL OFFICE USE ONLY**

\_\_\_\_\_  
Application Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount of Fee Paid

Type of Payment: \_\_\_\_\_  
Card Payment Confirmation

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Planning Director Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Department Received

\_\_\_\_\_  
Date