

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

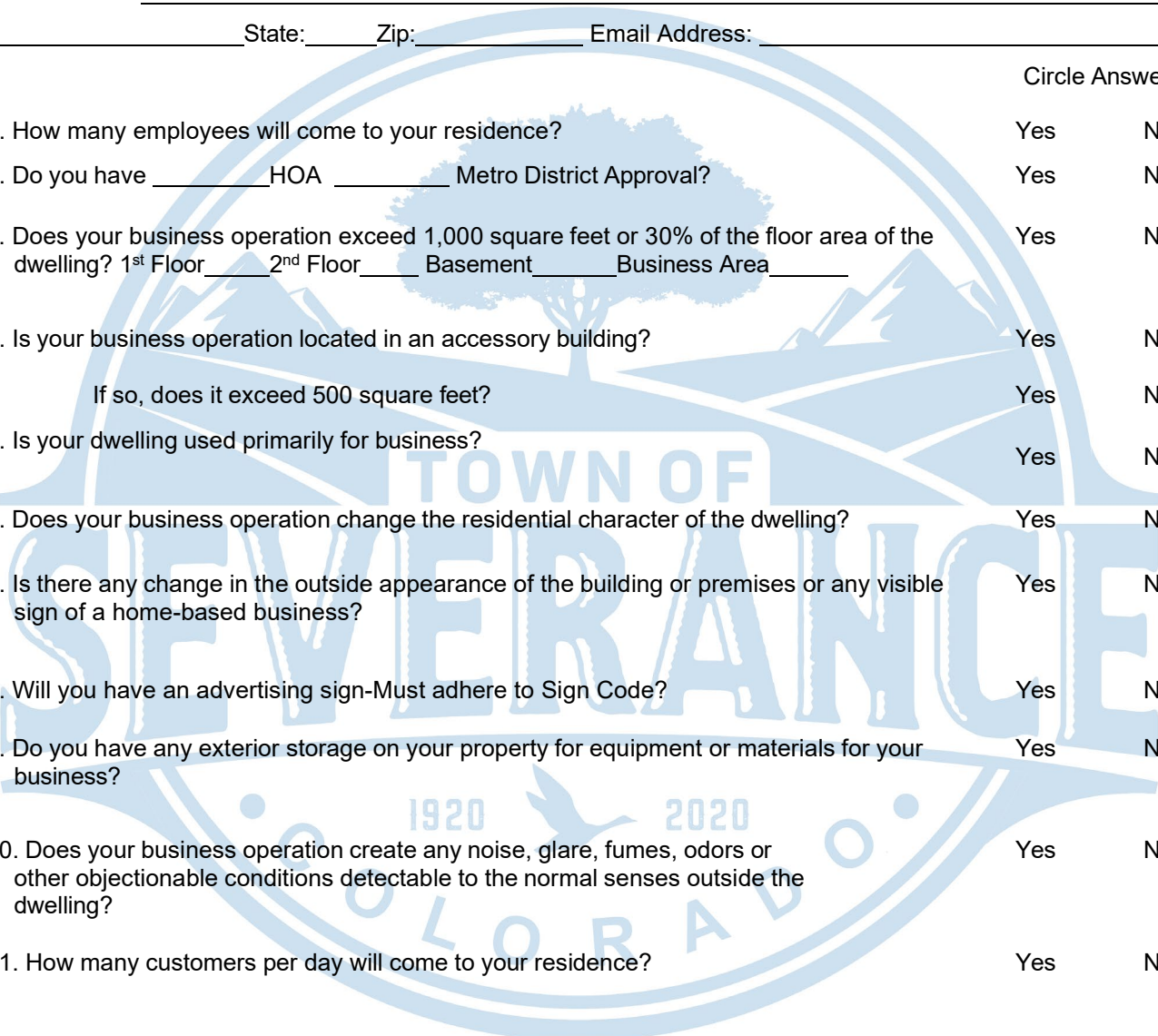
Business Name: _____

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? 1st Floor _____ 2nd 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 _____

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

Decision _____

Date of Decision _____