



PLANNING DEPARTMENT
PO Box 330 • Phoenix, OR 97535
541-535-2050 • 541-535-5769 fax

Fee: \$75.00

**HOME OCCUPATION PERMIT
APPLICATION**

I. INFORMATION RELATING TO PROPERTY WHERE HOME OCCUPATION WILL BE CONDUCTED:

A. Location (Address) _____

B. Assessor's ID:

Township _____ Range: _____ Section: _____ Tax Lot: _____

C. Zoning: _____ R-1, Single-Family Residential
_____ R-2, Multiple Family Residential
_____ R-3, Multiple-Family Residential

D. Type of Structure: _____ Single-Family Home
_____ Duplex
_____ Multi-Family (3 or more units)
_____ Mobile Home

II. PROVIDE A DETAILED DESCRIPTION OF THE BUSINESS THAT IS TO BE CONSIDERED AS A HOME OCCUPATION: _____

III. APPLICANT/PROPERTY OWNER INFORMATION:

Applicant's Name: _____

Business Phone: _____ Home Phone: _____

Property Owner Name: _____

Business Phone: _____ Home Phone: _____

Property Owner's Address: _____

IV. AUTHORIZATION TO PROCESS:

Property Owner's Consent: I do by certify that I am the legal owner of record of the property described above and as such, I am requesting that the City of Phoenix process this application in accord with state and local ordinances.

Property Owner's Signature

Date

V. I do hereby affirm that I have read the regulations contained in the City of Phoenix Ordinance pertaining to home occupations and have agreed to conduct the proposed home occupation in accord with said regulations, including any additional conditions that may be imposed by the City at the time of approval. I also understand that failure to comply with these regulations may be grounds for revocation of the Home Occupation Permit.

Applicant's Signature

Date

Applicant's Signature

Date

VI. THE REQUIRED APPLICATION FEE MUST ACCOMPANY THE FILING OF THIS APPLICATION. IMPORTANT: Only complete applications will be processed. If you are unsure of the submittal requirements, please contact city staff for clarification.

FOR CITY USE ONLY

VII. THIS APPLICATION FOR A HOME OCCUPATION PERMIT HAS BEEN:

_____ APPROVED _____ DENIED

THE REASONS FOR DENIAL OR CONDITIONS OF APPROVAL ARE ATTACHED.

Planning Director

Date

Received by: _____

Date: _____

Fee Received: _____

Receipt No: _____

File No. Assigned: _____