



# HOME OCCUPATION

COMMUNITY DEVELOPMENT DEPARTMENT

## HOME OCCUPATION REGISTRATION CERTIFICATE

Parcel Number:

Property Address:

Property Owner(s): *please include all property owners, phone numbers, and email addresses*

Name

Phone #

Email Address

Name

Phone #

Email Address

Business Name/Business Owner Name(s): *must be the occupant of the dwelling*

Name

Phone #

Email Address

Description of the Home Occupation: *feel free to attach additional pages or site map if needed*

Indoor square footage used by occupation? \_\_\_\_\_

Number of vehicle trips per day? \_\_\_\_\_  
*1 vehicle trip in, 1 vehicle trip out = 2 trips*

Describe number & type of vehicle(s) being used for the home occupation:

### ACKNOWLEDGEMENT - *please initial*

I, operator of said home occupation stated above, certify that:

\_\_\_\_\_ I have read and understand the attached standards and requirements for accessory home occupations as set forth in Article 3.4.7.B of the Larimer County Land Use Code.

\_\_\_\_\_ I have contacted applicable agencies to assure that the accessory home occupation will be in compliance with all applicable land use, health, building, and fire codes. **It is your responsibility to ensure that you are in compliance with the agencies' regulations.**

- Larimer County Building Division
- Larimer County Planning Division
- Larimer County Health Department
- Sewer District
- Water District/Division of Water Resources
- Fire District

\_\_\_\_\_ The home occupation to be located at this address will be operated in compliance with the Land Use Code standards and requirements at all times.

Property Owner Signature(s)

Date

Home Occupation Operator Signature (*if different than owner*)

Date

### Planning Staff Use Only:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Zone District: \_\_\_\_\_