

02. What vehicles, if any, will be used in the course of the home-based occupation?

- 1. _____
- 2. _____
- 3. _____

Where will the vehicle be stored during off hours?

03. Will the home-based occupation be conducted within a dwelling or within an accessory structure? Dwelling ___ Accessory Structure ___

If an accessory building is proposed please state size.

If a dwelling, how many rooms will be utilized? What percentage of the total floor area will be used? _____.

Please, attach a floor plan of the dwelling showing rooms that will be used for home occupancy.

A Home-Based Occupation shall be restricted to no more than 25 percent of the gross square feet of the principal residence and 2,000 square feet of accessory buildings normally associated with uses permitted in the zone in which the property is located EXCEPT:

- A. Bed and Breakfasts are excluded from the square footage criteria.***
- B. OTHER USES THAT PROVIDE OVERNIGHT ACCOMMODATIONS IN CONJUNCTION WITH A HOME-BASED OCCUPATION. WCLDO Article 35, Home-Based Occupation.***

04. What part of the home-based occupation involves other family members?

05. If there are employed family members do they reside at the address?

Yes ___ No ___

06. Will you employ anyone other than family members?

Yes ___ No ___ If yes, how many? ___ What will they do?

How many will live on-site? ___ Off-site? ___

07. Will you be selling any items on-site? Yes ___ No ___

If selling items on-site, what will they be?

08. Will you have to build anything or remodel anything to accommodate your business? Yes ___ No ___

If yes, please describe: _____

09. What will be your hours of operation? _____

10. Please explain anything else about your home-based occupation that may assist us in evaluating your application.

Deliveries

1. How will materials or finished products be delivered to or from the property? _____

2. How often will deliveries to or from the property be made?

Will you be delivering products elsewhere? Yes _____ No _____

Impacts

1. What type of equipment will be used in the business? (be specific)

If a compressor, or other noise producing equipment, is used (or other noise producing equipment), is it enclosed? Yes _____ No _____

2. Where will materials and products be stored? _____

3. Will people be coming to the property pursuant to the home-based occupation? Yes ___ No ___ If yes, how many do you expect on a: Daily Basis _____, Weekly Basis _____, or Monthly Basis _____.

4. What noise, sight, smell, vibration, or traffic impacts will be caused by your home-based occupation? (be specific)

5. Does your home-based occupation involve paint, solvents, oils, or other toxic chemicals? Yes _____ No _____ If yes, list the specific products used and how noxious, poisonous, or toxic products will be disposed of:

6. Is a sign proposed? Yes ___ No ___ If yes, state size and location.

HOME-BASED OCCUPATION INFORMATION AND REQUIREMENTS: You must prepare a detailed site plan to be submitted with this application. The site plan must show property lines, existing structures, parking area, driveway, well, septic system, and drain field. Also, the size of proposed structures, the distances from the property lines, and the floor plan of the home which shows the area to be used for the home based occupation.

The following requirements apply to all home-based occupations:

1. Property owners in the neighborhood will be notified of the request and given an opportunity to comment.
2. The home-based occupation shall not infringe upon the rights of neighbors to enjoy the peaceful occupancy of their homes
3. The home-based occupation shall not give the outward appearance of a commercial business.
4. No alteration to any building shall be allowed which be incompatible with uses normally allowed in the zone.
5. Equipment shall not interfere with communication or video equipment used by the adjoining neighbors.
6. One sign, non-illuminated, not to exceed six square feet is permitted.
7. Off street parking shall be required for any employees and/or clients.
8. There may be conditions attached to the conditional use permit to mitigate adverse impacts or to maintain the character of the neighborhood.
9. The home-based occupation will be reviewed annually to assure compliance with all conditions and requirements.

I have read the application and agree to meet all ordinance requirements. I understand that if the requirements are not met, the permit will be revoked.

APPLICANT _____

DATE _____

STATE OF OREGON
County of Wallowa

Signed and sworn to (or affirmed) before me on _____, _____.

Notary Public of Oregon
My Commission Expires: _____