

# HOME OCCUPATION BUSINESS LICENSE APPLICATION

### **West Bountiful City**

BUSINESS LICENSING DEPARTMENT
550 N 800 West
West Bountiful, UT 84087
Phone: (801) 292-4486
www.wbcity.org

Please allow 5-7 business days for processing

| Applicant Information: |                                                                                                                                                                                                                                                                                                                                                                                                                           | License # (Assigned by City): |  |  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|
| Re                     | sident/Business Owner's Name:                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |  |
| Physical Address:      |                                                                                                                                                                                                                                                                                                                                                                                                                           | West Bountiful, UT 84087      |  |  |
| Ma                     | ailing Address, if different than above:                                                                                                                                                                                                                                                                                                                                                                                  |                               |  |  |
| En                     | nail address:                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |  |
| Pri                    | imary Phone:                                                                                                                                                                                                                                                                                                                                                                                                              | Emergency Phone:              |  |  |
| Pro                    | operty Owner Name & Contact Info, if differer                                                                                                                                                                                                                                                                                                                                                                             | nt than applicant:            |  |  |
| <u>Bu</u>              | siness Information:                                                                                                                                                                                                                                                                                                                                                                                                       |                               |  |  |
| 1.                     | Name of business:                                                                                                                                                                                                                                                                                                                                                                                                         |                               |  |  |
|                        | State ID #:                                                                                                                                                                                                                                                                                                                                                                                                               |                               |  |  |
|                        | State Sales Tax #:                                                                                                                                                                                                                                                                                                                                                                                                        |                               |  |  |
|                        | Federal Tax ID #:                                                                                                                                                                                                                                                                                                                                                                                                         |                               |  |  |
|                        | Other Required Licenses #:(Depending on type of Business)                                                                                                                                                                                                                                                                                                                                                                 |                               |  |  |
| 2.                     | Describe the proposed business activity:                                                                                                                                                                                                                                                                                                                                                                                  |                               |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |  |  |
| 3.                     | Hours of Operation:                                                                                                                                                                                                                                                                                                                                                                                                       |                               |  |  |
| 4.                     | Name and relationship of person(s) participating in business (must reside at the home):                                                                                                                                                                                                                                                                                                                                   |                               |  |  |
| 5.                     | Describe which room(s) or areas of the property will be used, and how they will be used, in conducting this business from your home. List the approximate square footage of such rooms as well as the total square footage of the main floor of your home; if a garage or other accessory structure will be used, list the approximate square footage to be used and the total square footage of the garage or structure: |                               |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |  |  |

| 6.  | Describe how, where, and in what amounts the materials, supplies and/or equipment related to your proposed home occupation will be displayed or stored:                                                                                                                                                               |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 7.  | Are any chemicals or hazardous materials used in connection with your home occupation? If yes, state the amount and type of chemicals or materials stored or used.                                                                                                                                                    |  |  |  |
| 8.  | Will individuals come to your home to obtain any product or merchandise, to utilize any service, or for any other purpose in connection with your proposed home occupation? If yes, please explain, including frequency.                                                                                              |  |  |  |
| 9.  | If any vehicles or other equipment will be used as part of your home occupation, where will they be parked or stored?                                                                                                                                                                                                 |  |  |  |
| 10. | . Do any vehicles or other equipment come to your property in connection with your home occupation? If yes, please explain, including frequency:                                                                                                                                                                      |  |  |  |
| 11. | Will the home occupation involve the use of commercial vehicles for delivery of material to or from the premises? If yes, please explain, including frequency:                                                                                                                                                        |  |  |  |
| 12. | If your home occupation is a day care center, nursery, or preschool, please state how many children and caregiverswill be involved in a typical workday. Please attach evidence of all licenses, permits, or approvals from federal, state, or local agencies authorizing the day care center, nursery, or preschool. |  |  |  |
| 13. | Does the proposed home occupation conform with covenants, conditions, and restrictions (CCR's) pertaining to your property? If no, please explain:                                                                                                                                                                    |  |  |  |

#### **Applicant Certification:**

I hereby apply for a home occupation business license from West Bountiful City in accordance with the provisions of Title 5, West Bountiful Municipal Code. I understand that under certain conditions prescribed in the Municipal Code I may be required to apply for a conditional use permit as well.

I acknowledge that before this application may be approved, I must provide notice to the owners of property within a 300 foot radius of the exterior boundaries of the property on which the home occupation is to be conducted.

I certify that the above information is true and correct to the best of my knowledge, and that I agree with the attached specific requirements and all other applicable provisions of the Municipal Code.

I understand the information on this application may be made available to the public pursuant to the Government Records Access and Management Act (UCA 63G-2-101 et seq), unless applicant specifically requests in writing that their personal information remain private.

| Date:                             | Sign Here:Applicant              |                    |  |  |  |  |
|-----------------------------------|----------------------------------|--------------------|--|--|--|--|
| FOR OFFICIAL USE ONLY             |                                  |                    |  |  |  |  |
| Application Fee Received:         | Approval Date:                   |                    |  |  |  |  |
| Fire Inspection:                  | Conditional Use Permit Required: |                    |  |  |  |  |
| Health Dept. Inspection:          | Conditional Use Permit Approved: |                    |  |  |  |  |
| Neighbor's Notification Complete: | Protests Received:               | Protests Received: |  |  |  |  |

## **NOTICE TO NEIGHBORS**

| Date of Notice:              |                                           |                              |
|------------------------------|-------------------------------------------|------------------------------|
|                              |                                           |                              |
| <u>Address</u>               | <u>Name</u>                               | Type of Notification         |
|                              |                                           |                              |
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|                              |                                           |                              |
| PROPERTY AS LISTED ABOVE AI  | IDED NOTICE TO THE OWNERS OF PROPERTY WI  | A WRITTEN PROTEST AT THE CIT |
| OFFICES NO LATER THAN FIVE ( | 5) BUSINESS DAYS AFTER THE DATE NOTICE WA | S RECEIVED.                  |
|                              |                                           |                              |
| Date:                        | Sign Here:                                |                              |
|                              | Applicar                                  | nt                           |

#### SPECIFIC REQUIREMENTS FOR HOME OCCUPATION BUSINESS LICENSE

- A. A person who is not a resident of the dwelling shall not be employed to work on the premises.
- B. The home occupation must be clearly incidental and secondary to the use of the dwelling or structure in which it is located and may not change its purpose or character.
- C. The home occupation shall not involve the use of any part of a dwelling or structure for which by reason of state, federal or local law or ordinances, special or extra entrances or exits or special rooms are required as a prerequisite condition to the operation of such use or for which said laws or ordinances require a license or permit, except as approved by the Planning Commission.
- D. More than one home occupation business license may be issued for one property only if the additional businesses will function as one business operation and if after review it is specifically determined that the total of all businesses will not have an impact on the community greater than one business.
- E. The home occupation shall not involve the use of more than the equivalent of fifteen (15) percent of the main floor area of the dwelling, nor involve the installation of special equipment and/or fixtures, plumbing or electrical wiring for such special fixtures or equipment which are not ordinarily or customarily used in a dwelling, unless otherwise approved by the Planning Commission.
- F. Inventory or supplies may not occupy more than fifty (50) percent of the permitted area.
- G. The home occupation must be operated entirely within the approved dwelling, except that 25% of a garage or accessory building or structure on the same property as the dwelling may be used, so long as it does not change the residential character of the lot or would otherwise be contrary to the purpose of this chapter. Additional conditions may be imposed by the Planning Commission if the garage is to be used for:
  - (1) Storage of chemicals or tanks; or
  - (2) Storage of equipment or vehicles.
- H. If a home occupation is authorized for a garage, off-street parking arrangements in compliance with the West Bountiful Municipal Code must exist for any vehicles owned and/or operated by the applicant.
- I. Yard space may not be used for home occupation activities, except:
  - (1) Outside private swimming pools may be used for swimming instruction if the swimming instruction is given by a bona fide resident of the dwelling.
  - (2) Yard space may be used for day care, provided the yard is entirely fenced.
  - (3) Yard space may be used for other similar activities that will not alter the residential nature of the neighborhood in which the home occupation will be conducted. In no

event shall outdoor storage be permitted in relationship to the home occupation business license.

- J. The home occupation must comply with all fire, building, plumbing, electrical and health codes and all federal, state and local laws.
- K. The home occupation may not cause or create a demand from municipal or utility services or community services, including traffic, in excess of those usually and customarily provided for in residential uses. Home occupations which will generate additional traffic or parking in excess of those usual and customary residential uses require Planning Commission approval.
- L. The home occupation may not be a nuisance or cause undue disturbance to the neighborhood.
- M. The home occupation may not alter the residential character of the premises or unreasonably disturb the peace and quiet, including radio and television reception, of the neighborhood by reasons of color, design, materials, construction, lighting, odors, sounds, noise or vibrations.
- N. Merchandise, goods or customer services may not be advertised or otherwise visible from the exterior of the building in which the home occupation is operated.
- O. Signs, advertising, or displays of any kind may not be visible from the public streets or from the exterior boundaries of the property on which the home occupation is conducted.
- P. The home occupation shall be operated in a manner that complies with any special conditions established by the Planning Commission and made part of the record in connection with the application for a conditional use permit, as the Planning Commission deems necessary to carry out the provisions and intent of this chapter and Chapter 17.60. (Ord. 245-97 (part)
- Q. Home occupations requiring State or Federal licensing must be in compliance with all State and Federal regulations before a home occupation business license will be issued.

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Please keep pages 5 and 6 for your records