



CITY OF COEUR D'ALENE
 MUNICIPAL SERVICES DEPARTMENT
 710 EAST MULLAN AVENUE
 COEUR D'ALENE, ID 83814
 (208) 769-2229 or ksetters@cdaid.org

<i>(Office Use Only)</i> _____	
Amount Paid	_____
Receipt No	_____
Date	_____
License No	_____
Date Temporary Issued	_____
Date License Issued	_____ By _____

Home Occupation Application
Fee: \$50 – Expires Annually on December 31

APPLICANT INFORMATION

Business Name: _____ Phone Number: _____

Applicant Name: _____ Phone Number: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Email: _____ Cell Phone: _____

I am the recorded property owner purchasing (contract) lessee (renter) as of: _____
Date

STAFF/PARTNERS

Do you have: Employees/Staff Partners Volunteers Not Applicable
 Do any of these people live at this address? Yes _____ No
List who

Please list the names of all persons involved with your business including yourself
 (attach a second sheet if necessary):

NATURE OF BUSINESS

Describe your home business (What you do and how you do it): _____

List square footage of dwelling (a): _____ List square footage of space used for occupation (b): _____

What percentage of the dwelling space is used for business? _____ % (Divide (b) by (a) noted above)

Outdoor space is used for business purpose? Yes _____ No
How are you using it?

What type of signs do you plan to install? _____ Square Footage _____

What vehicles are used for your business? _____

Explain type and load capacity: _____

How many trips are generated daily? _____

How many trips are generated weekly? _____

ACTIVITY OF BUSINESS

How do you generate business? Sales Advertising Displays Provide Service(s) Goods/Food

If yes, please include a description/why/or quantity

Will customers be coming to or going from your home? Yes _____ No

Ammunition/Reloading for sale Yes _____ No

Arts and Crafts for resale Yes _____ No

Auto Body Repair/Painting Yes _____ No

Auto Repair Yes _____ No

Bed and Breakfast Yes _____ No

Chemical Storage of any kind Yes _____ No

Cleaning Solvents/Cleaning Materials Yes _____ No

Do you use materials accompanied by a material safety datasheet? Yes _____ No

Do you do any welding/cutting? Yes _____ No

Do you do any woodworking? Yes _____ No

Are you making any alterations to your home or property? Yes _____ No

Will you have unusual usage of utilities? Yes _____ No

Name all equipment/materials used in your business _____

What kind of indoor storage is used for your business? _____

CHILDCARE

For childcare, calculate the amount of space (square footage) you will occupy if the children are doing the same activity together at the same time: _____

Do you provide childcare for more than 1 set of parents? Yes _____ No

Do you provide childcare for more than 9 children? Yes _____ No
(Include own under 6 years of age)

The submitted information is true, accurate and complete. I have read the Coeur d'Alene Municipal Code regarding Home Occupations and agree to abide by regulations by the filing of this application for the Home Occupation as described above.

Signature of Applicant

Date

Approved **Denied**

Signature of City Clerk

Date

Sample Detailed Site Plan

