

CITY OF COEUR D'ALENE

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

(Office Use Only) — — — — — — — — — — — — — — — — — — —	
License No Date Temporary Issued Date License Issued	

Home Occupation Application

Fee: \$50 – Expires Annually on December 31

API	PLICANT INFORMATION
	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 [] purchasi	ing (contract) [] lessee (renter) as of:
	STAFF/PARTNERS
Do you have: [] Employees/Staff Do any of these people live at this address? Please list the names of all persons involved w (attach a second sheet if necessary):	[] Partners [] Volunteers [] Not Applicable [] Yes [] No List who with your business including yourself
	NATURE OF BUSINESS nd 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	d 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 How do you generate business? [] Sales [] Advertising	OF BUSINESS 1 Displays [1 Provide Service(s) [1 Goods)	/Food			
riow do you generate business: [] Jaies [] Advertising					
	If yes, please include a description/why/or				
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?					
	LDCARE				
For childcare, calculate the amount of space (square for activity together at the same time:	otage) you will occupy if the children are doi —	ng the same			
Do you provide childcare for more than 1 set of parents	s? []Yes	[] No			
Do you provide childcare for more than 9 children? (Include own under 6 years of age)	[] Yes	[] No			
The submitted information is true, accurate and comple Home Occupations and agree to abide by regulations be described above.					
Signature of Applicant	Date				
[] Approved [] Denied					
Signature of City Clerk	Date				

DETAILED SITE PLAN

The site plan must provide detailed information on the parcel, and the area to be used for the home occupation.

Please show the following information:

- Home or building dimensions with driveway
- How many cars can park in the driveway
- Label the garage as a one-car or two-car garage
- Sign location
- Building setbacks from property line
- Show area used for Home Occ. and call out the square footage of the area used for the Home Occ.

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Date

Applicant Signature

Sample Detailed Site Plan

