



– Application for –
HOME OCCUPATION PERMIT

Community Development Department
 50 East 2nd North, Green River, WY 82935
 PH: (307) 872-6140
www.cityofgreenriver.org

Home Occupation is regulated by City of Green River Zoning Ordinance and must be approved by the Community Development Department. To apply for Home Occupational Permit approval by the City of Green River, a Home Occupation Permit Application must be completed. Incomplete applications shall be returned. **Taxidermy and Daycares are required to obtain a Conditional Use Permit, and must be submitted on a Conditional Use Permit Application.*

A. GENERAL INFORMATION
Name of Home Occupation:
Property Address:

B. PETITIONER*	PROPERTY OWNER INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
Contact Phone:	Contact Phone:
Email:	Email:

C. TELL US ABOUT YOUR BUSINESS *Refer to the General Conditions in Section D.*
<p>1. Describe Your Business in Detail: <i>(Your description will be included in the notification letter to adjacent property owners).</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Hours of Operation: _____ Days of Week: _____</p> <p>3. Which of the following best describes your business:</p> <p><input type="checkbox"/> <u>On-Site</u>: The primary business activity occurs on the premises at the physical location of the dwelling; such a use includes, but is not limited to, offices, telemarketing, and similar uses.</p> <p><input type="checkbox"/> <u>Off-Site</u>: The primary business activity occurs off the premises of the dwelling; such a use includes, but is not limited to, mobile services, delivery services, and similar uses.</p> <p>4. If conducting On-Site, will your proposed business have more than 2 persons employed that are not family members residing in the dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain</i> _____</p> <p>_____</p> <p>5. If conducting Off-Site, will your proposed business have more than 5 persons employed that are not family members residing in the dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain</i> _____</p> <p>_____</p>

File #: _____

Zoning District: _____

Date Submitted: _____

Date: _____

Fees Collected: _____

By: _____

APPROVED DENIED

6. Will the area being used for the Home Occupation be equal to or less than 25% of the floor area of the dwelling unit, including attached garage? YES NO *If yes, please list square footage of your residence and square footage to be used for your business:* _____
7. Will there be off street parking provided for customers and employees? YES NO *If yes, how many spaces and where are they located?* _____
8. Will there be equipment or commercial vehicles, used in conjunction with your Home Occupation be stored or parked at the dwelling unit? YES NO *If yes, please list types, and G.V.W. of each and where they will be stored or parked:* _____
9. Does the Home Occupation require any remodeling or alterations to the residence? YES NO *If yes, contact the City of Green River Building Department to determine any building permits which may be required.*

D. COMPLIANCE CERTIFICATION

Home Occupations are subject to the conditions listed in Section 9.8(A) of the Green River City Zoning Ordinances. Please review the following conditions and initial on the line provided to verify understanding and compliance of your application.

General Conditions:

- _____ In addition to family members residing in the dwelling unit, only two (2) persons may be employed by an on-site home occupation. An off-site home occupation may employ no more than five (5) persons, in addition to family members residing in the dwelling unit. In addition to family members residing in the dwelling, more than five (5) employees for an off-site home occupation may be permitted with conditional use permit approval from the Planning and Zoning Commission.
- _____ The home occupation shall be clearly incidental and secondary to the use of the dwelling unit for dwelling purposes and not change the residential character thereof.
- _____ There shall be no exterior storage of materials incidental to the home occupation, on the site of the home occupation.
- _____ There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of the home occupation, including signs.
- _____ There shall be no offensive noise, vibration, smoke, dust, odors, heat or glare noticeable at or beyond the property line.
- _____ All outdoor activities associated with on-site home occupations, and all activities that produce noise, odor or light which is detectible beyond the residence, shall be limited to the hours of 8:00 a.m. to 8:00 p.m.
- _____ Equipment and motor vehicles:
- Mechanical equipment associated with the home occupation shall be stored or contained within the dwelling unit or an accessory building.
 - Motor vehicles, such as cars, trucks, and semi-tractors without the trailer unit, are permitted but may not be parked on the street or right-of-way.
 - Construction equipment under six thousand (6,000) pounds G.V.W. are permitted but must be stored within a garage or accessory building.
 - Equipment and vehicles not specifically mentioned in this section are prohibited.
- _____ The total area used for the Home Occupation shall not exceed twenty-five (25) percent of the gross floor area of the combined dwelling unit and attached garage.
- _____ Any parking incidental to a home occupation, whether for customers or employees, shall be provided on the site and must be improved. The street right-of-way may not be used for temporary parking by employees of an off-site home occupation. Home occupations that do not see customers at the residence need not provide additional on-site parking spaces.

File #:

Petitioner/Company Name:

STAFF USE ONLY:

_____ Under no circumstances shall any of the following activities be considered a home occupation: restaurant, veterinarian's clinic, barber shop or beauty parlor with more than one station, animal kennels, on-site welding, automotive engine repair or service, automotive body shop, health clinic, mortuary, or nursing home. Taxidermy is permitted only with a conditional use permit approved by the Planning and Zoning Commission.

_____ All home occupation permits shall expire on March 31st of each year and must be renewed annually.

_____ The use, storage, or disposal of materials that may affect the health, safety, welfare or character of the residential area must conform to standards set for those materials by the appropriate regulatory agency, and such materials may not be held in such quantities as to adversely affect the health, safety or welfare of the residential area.

Application and Enforcement:

_____ **All persons conducting home occupations shall be required to apply for and receive a Home Occupation Permit prior to commencing any activities related to the home occupation.**

_____ After receipt of a complete application and the required **non-refundable** filing fee, the Community Development Staff shall contact by letter all adjacent property owners of the proposed home occupation property.

_____ Adjacent property owners have fourteen (14) calendar days from the date of the letter to file with the Community Development Department a written objection to the home occupation. If a written objection is received, the application for the home occupation will be referred to the Planning and Zoning Commission for consideration. Community Development staff will advise you of the scheduled Planning and Zoning Commission meeting date & time. If no objection is received and the Community Development Department determines the home occupation permit should be granted, they shall then approve the application and issue a home occupation permit.

_____ The designated Community Development Staff may periodically inspect on-site and off-site home occupations to ensure compliance with the provisions of this Section. If the designated Community Development staff determines that the applicant has not complied with the requirements of this section, or if a signed written complaint about the home occupation is received, the home occupation permittee shall be brought before the Planning and Zoning Commission for further review.

_____ If the applicant cannot meet the requirements for home occupation, the Community Development Department shall deny the application. A denial may be appealed to the Planning and Zoning Commission.

_____ The Planning and Zoning Commission has the authority to continue, suspend, revoke or amend the home occupation permit at anytime.

_____ In the event the Community Development Department deems it necessary and appropriate, he/she may request and/or require additional information and place additional conditions in the Home Occupation Permit.

_____ If there are any changes in the conditions or operation of the home occupation described in the application, as approved by either community development or the Planning and Zoning Commission, the applicant shall submit a new application and obtain approval of said changes in accordance with the requirements of this section.

E. SUBMITTAL REQUIREMENTS

The following items are required for submitting a complete Home Occupation Permit Application. An incomplete application will not be reviewed and will be returned to the applicant.

- Filing Fee (\$25.00) made payable to the City of Green River.
- Completed City of Green River Home Occupation Permit Application Form.
- Other _____

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F. SIGNATURE REQUIRED

I acknowledge that I have read and understand this application and the pertinent Home Occupation regulations, as stated in the "Compliance Certification" portion of this application. I certify that the information provided with this application is true and correct and false or inaccurate information used by an applicant to secure compliance with the Zoning Ordinance shall be reason to deny or revoke any application or permit. I understand that it's the responsibility of the applicant and/or property owner to secure any and all required Local, Federal and State Permits (i.e. State Permits, DEQ, Building Permits, etc.) and I agree to contact those agencies/departments accordingly.

Applicant Signature:	Print Name:	Date:
Owner Signature:	Print Name:	Date:

File #: _____

Petitioner/Company Name: _____

STAFF USE ONLY: