

HOME OCCUPATION - II APPLICATION

1. Owner Name: _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Facsimile #: _____
2. Applicant Name: _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Facsimile #: _____

Please read the entire application form prior to completion of this application.

The use is intended to be allowed in all zone districts where residential uses and home occupations are permitted in combination with large acreage parcels (*one (1) acre or larger*) and for uses that have minimal impact on adjacent uses.

An application fee set by the Board of County Commissioners (Board) shall accompany this application.

The applicant shall provide two (2) copies and one (1) original document of the application and all of its attachments. After submittal, the Department will review the application and all attachments and prepare a Department Submittal Deficiency and Comment Letter (D & C Letter). The letter will state the submittal deficiencies, Department comments and or questions about the application, which must be addressed by the applicant.

Any application which is not complete or does not include all minimum submittal requirements will not be accepted by the Fremont County Department of Planning and Zoning (Department). Further, any application that is inadequately prepared, or is incomplete, may be subject to postponement.

Attachments can be made to this application to provide expanded narrative for any application item including supportive documentation or evidence for provided application item answers. Please indicate at the application item that there is an attachment and label it as an exhibit with the application item number, a period and the number of the attachment for that item (*as an example, the first attached document providing evidence in support of the answer given at application item number 1 would be marked - Exhibit 1.1, the fifth attached document supporting the narrative provided for application item 1 would be marked - Exhibit 1.5*).

For specific regulatory requirements the applicant should refer to the appropriate sections of the Fremont County Zoning Resolution (FCZR) which can be viewed on the Internet at:

<http://www.fremontco.com/planningandzoning/zoningresolution.pdf>

3. Address of home occupation: _____
4. Legal description of home occupation property: _____

5. What is the acreage of the home occupation property? _____
6. What is the property zoned? _____
7. Explain in detail what the home occupation use is: _____

8. Explain why the use will have a minimal impact on adjacent uses: _____

9. Explain why the use will be clearly incidental and secondary to the use of the residence for dwelling purposes: _____

10. Explain why the use will not change the character or give an outward appearance nor manifest any characteristic of a business: _____

11. Will there be any exterior advertising? _____ If yes, what will be the dimensions of the sign?

Note: The sign shall not be any larger than two (2) square feet and shall not be illuminated.

12. Will there be any employees other than the inhabitants of the residence? _____ If yes, how many are anticipated? _____

Note: The home occupation use shall be conducted by the inhabitants living in the principle dwelling and there shall be no more than one (1) employee.

13. Will the employees work in the house? _____
14. Will customers come into the house? _____
15. Is the property serviced by a public sanitation district? _____ If yes, provide name of sanitation district and provide documentation from the appropriate district which confirms that the property is serviced by

the public sanitation district. Attach documentation marked as Exhibit HO-15.1. An exhibit has been attached.

16. Is the property serviced by an onsite wastewater treatment system (septic system)? _____ If yes, provide documentation that a permit has been issued and approved by the Fremont County Environmental Health Office. Attach documentation and mark as Exhibit HO 16. 1. An exhibit has been attached.

17. Will the home occupation increase the amount of wastewater being discharged into the onsite wastewater treatment system (septic system) i.e., (additional children at a family child care home, a barber, beauty shop or pet grooming facility, etc.)? _____ If no please explain why not _____

18. Will any materials, fluids, etc. related to the proposed home occupation be discarded into the public sanitation system or the onsite wastewater treatment system (septic system) i.e., (photographic chemicals from a photography studio, floor drains in a vehicle repair shop, etc.)? _____ If yes please list the types of material or fluids. _____

Note: The use of the residence for the home occupation may result in additional requirements as per the Fremont County Environmental Health Office Regulations. Prior to submission of a home occupation application you may want to contact the Fremont County Environmental Health Office to determine if there will be any additional requirements.

19. Will the home occupation be housed in the residence or a detached structure? _____
What is the square footage of the residence? _____ sq. ft. What is the square footage of the area within the residence to be devoted to the home occupation? _____ sq. ft.. What is the square footage of the detached structure? _____ sq. ft. What is the square footage of the area in the detached structure that will be devoted to the home occupation? _____ sq. ft.

Note: The maximum area devoted to the home occupation by the use of a detached structure, is one-thousand (1,000) square feet.

Note: The use of the residence or the detached structure for the home occupation may result in additional requirements as per the Fremont County Building Code. Prior to submission of a home occupation application you may want to contact the Fremont County Building Department to determine if there will be any additional requirements.

20. Will there be any sales of stocks, supplies or products? _____ If yes, give a description of the products to be sold: _____

Note: Only incidental sale of stocks, supplies or products is permitted to be conducted on the premises.

21. Will there be any storage of materials or equipment used as part of the home occupation? _____ If yes, please describe the type of materials and or equipment to be stored as part of the home occupation and the location where they will be stored: _____

Note: There shall be no exterior storage on the premises of material or equipment used as a part of the home occupation.

22. How many off-street parking spaces will be provided? _____ Spaces. What are the dimensions of the area designated for parking? _____ Will there be adequate parking to accommodate the home occupation? _____

23. Will a commercially licensed vehicle, or a vehicle containing equipment or advertising the home occupation, be parked on the premises? _____

Note: No more than one (1) commercially licensed vehicle or vehicle containing equipment or advertising, may be parked on the premises related to the home occupation.

Will the home occupation use require the use of any mechanical equipment which is not normally used for purely domestic or household purposes? _____. If yes, please specify what type of equipment will be used in association with the home occupation: _____

Note: All equipment used in conjunction with the home occupation, shall not create noise, dust vibration, glare, fumes, odors or electrical, interference detectable to the normal senses off the property. No equipment or process shall be used which creates visual or audible interference in any radio or television receiver or causes fluctuations in line voltage off the premises.

24. Will there be more than one (1) home occupation conducted in or on the same premises? _____
If yes, please note the use(s): _____

Note: The cumulative affect of more than one home occupation shall not exceed any of the requirements of the Home Occupation II.

25. What use classification most closely fits the proposed home occupation use? _____ If the specific use is not listed, what similar use does the proposed home occupation most closely fit and how is it similar? _____

Note: The proposed home occupation II may include the following uses or any similar use as may be determined by procedures outlined in the Fremont County Zoning Resolution; art studio, beauty parlor, barber shop, dressmaking, photography services, telephone marketing, gun repair shop, personal semi-tractor trailer parking (one (1) unit maximum), dog grooming, paint striping, nail salon, family child care home (eight [8] or fewer children not including the residents children) and professional offices, (i.e. legal, medical, dental, surveying, engineering, architectural, planning, accounting, insurance).

Note: A home occupation II shall not be interpreted to include the following or any similar use: retail store, nursing home, hospital, medical clinic, veterinary premises, kennel, school, restaurant, lounge, financial institution, vehicle or boat repair shop, paint shop, machine shop, carpentry shop, upholstery shop, museum, rafting office, and boarding and rooming houses.

26. A list identifying all agencies of local, state and / or federal government that will require a permit, license or the like to be issued for all or part of the activity that comprises the proposed use and a summary of the status of all applications, along with copies of such applications, permits, licenses or the like and the contact person at the respective agencies (mailing address, telephone number, email address), packaged as one item and marked as Exhibit HO-27.1 and so on. An exhibit has been attached. *(NOTE: The Owner, if granted approval, shall comply with all laws and regulations of the County of Fremont, its agencies or departments, the State of Colorado, its agencies or departments, and the United States of America, its agencies or departments, as now in force and effect or as the same may be hereafter amended. Further, the Owner, shall obtain and keep in effect all other permits, licenses or the like, required by any other governmental agency and as otherwise may be required by Fremont County. Revocation, suspension or expiration of any such other permits, licenses or the like, shall revoke, suspend or terminate the Home Occupation, as the case may be.)*

27. The applicant shall provide any other information as may be required by the Department so as to determine the impacts of the proposed Home Occupation and whether or not approval of the same is appropriate.

28. Has the application fee been paid? _____ Cash _____ Check Number _____

Approval of this Home Occupation Application does not guarantee or assure compliance with the requirements of the Building Code of Fremont County, the Environmental Health requirements, any Federal, State or Local agency which may require a permit, or any requirements of the various utility companies etcetera, which may require service to this home occupation. You have the responsibility and obligation to assure compliance with any other agencies etcetera.

By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.

Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Department regarding the Application to be null and void.

Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.

Applicant Printed Name

Signature

Date

FOR OFFICE USE ONLY

Home Occupation Classification: _____

Job # _____ **Owners Name:** _____

Date of property inspection: _____

Items found on-site by Authorized County Representative: _____

Authorized County Representative's signature: _____ **Date:** _____

Approved: _____ **By:** _____ **Date:** _____

Disapproved: _____ **By:** _____ **Date:** _____

Comments: _____

Copy to Assessor's Office date: _____ **By:** _____