

CITY OF COLUMBIA CITY
1840 Second Street - PO Box 189 - Columbia City, Oregon 97018
Phone: (503) 397-4010 Fax: (503) 366-2870
E-mail: colcity@columbia-city.org

HOME OCCUPATION

APPLICANT _____ PHONE _____

BUSINESS NAME _____

MAILING ADDRESS _____

PROPERTY OWNER _____ PHONE _____

MAILING ADDRESS _____

LOCATION OF BUSINESS _____

ZONE DESIGNATION _____ TAX ACCOUNT NUMBER _____

BRIEF DESCRIPTION OF BUSINESS _____

SIGNATURE (Applicant) _____ DATE _____

SIGNATURE (owner/agent) _____ DATE _____

Home Occupation applications shall be submitted and processed in accordance with Chapter 7.104 of the Columbia City Development Code. Application forms must be accompanied by a fixed fee of \$25 for a Type I Home Occupation, and \$350 for Type II Home Occupation and written explanation of the attached criteria and standards.

.....

*****OFFICE USE ONLY*****

Date filed _____ Fee paid _____ Receipt No. _____

Hearing date _____ Notices mailed _____

Planning Commission action _____ Date _____

IN-HOME OCCUPATION ZONING FORM

1. a. Will clients or customers come to the dwelling?

Yes ___ No ___ If yes, please explain.

b. Will your home occupation be conducted entirely within the dwelling?

Yes ___ No ___ If no, please explain.

c. Will there be any other employees other than inhabitants of the dwelling?

Yes ___ No ___ If yes, please explain

d. Will the home occupation change the residential character of the building?

Yes ___ No ___ If yes, please explain.

e. Will your home occupation occupy more than 25% of the floor area of the residence?

Yes ___ No ___ If yes, please explain.

f. Will the home occupation display or store merchandise, materials, or equipment outside of the home?

Yes ___ No ___ If yes, please explain.

2. a. Will there be a need for additional parking or vehicle traffic?

Yes ___ No ___ If yes, please explain.

b. Will there be any direct sales of products or merchandise from the residence?

Yes ___ No ___ If yes, please explain.

c. Will commercial delivery (UPS, etc.) vehicles be coming to your residence?

Yes ___ No ___ If yes, please explain.

d. Will any equipment or process be used in the home occupation which will create noise, vibrations, glare, fumes, odors perceptible outside of the dwelling unit, or cause any electrical interference in any radio or television receivers off the property?

Yes ___ No ___ If yes, please explain.

e. Will there be any signs for your home occupation?

Yes ___ No ___ If yes, please explain.

Signature of Applicant

Date

City Planner

Date