



SETTLED 1870 · INCORPORATED 1986

Case No.: HO-\_\_\_\_\_  
For Official Use Only

Application Fee: \$ \_\_\_\_\_  
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# HOME OCCUPATION PERMIT APPLICATION

(Rev 9/19)

The Following Information And Submittals Are Required In Order To Process Your Request For A Home Occupation Permit. **The Conducting Of A Home Occupation Prior To The Approval Of A Home Occupation Permit Is Prohibited By The Town Of Cave Creek Zoning Ordinance.**

Home Occupation Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location (Nearest Cross-Streets): \_\_\_\_\_

Business Address (Include Zip Code): \_\_\_\_\_

Assessor's Parcel No. (s): \_\_\_\_\_ Current Zoning District (s): \_\_\_\_\_

Brief Description Of Requested Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant:** \_\_\_\_\_

Applicant Address (Include Zip Code): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Owner Address (Include Zip Code): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail: \_\_\_\_\_

**Single Point Of Contact For All Formal Communications:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Owners Certification:**

I, (print name) \_\_\_\_\_, hereby certify that I am the owner of the property involved in this application and that I have read and examined this application and the attachments, and know the same to be true and correct.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**SECTION A. HOME OCCUPATION - ALLOWED USES:**

The Following And Similar Home Occupations Are Permitted Subject To The Provisions Of The Town Of Cave Creek Zoning Ordinance.

- a. Office, Professional Or Trades Business.
- b. Service Business.
- c. Instructional Service.
- d. Home Production Or Repair Service.
- e. Day Care Involving Part-Time Care And/Or Instruction, Whether Or Not For Compensation, Of Six (6) Or Fewer Individuals At Any Time Within A Dwelling, Not Including Members Of The Family Residing On The Premises.

**SUBMITTAL REQUIREMENTS CHECKLIST**

(The following items shall be provided as part of the Home Occupation Permit application or as an attachment thereto)

**SECTION B. SUBMITTAL REQUIREMENTS** *(to be provided by the Applicant):*

√	<b><u>No.</u></b>	<b><u>Requirement</u></b>
___	1.	A Completed Application Form
___	2.	The Appropriate Fee
___	3.	An 8 1/2" X 11" Vicinity Map
___	4.	A Narrative Report (see <b>Section B.</b> – Narrative Report Contents)
___	5.	Proof Of Ownership (Recorded) Or Letter Of Authorization

**SECTION C. NARRATIVE REPORT CONTENTS** *(to be provided by the Applicant):*

The Following Information Shall Be Addressed In The Required Narrative Report.

√	<b><u>No.</u></b>	<b><u>Requirement</u></b>
___	1.	Identify The Type Of Business Proposed; Include A Detailed Description Of All Activities.
___	2.	Identify The Existing Land Use Of The Subject Property.
___	3.	Identify The Land Uses Of All Parcels Adjacent To The Property, Which Is The Subject Of The Home Occupation Permit Request.
___	4.	Identify If The Home Occupation Is To Be Conducted Within A Home (Residence) Or In An Accessory Building (Garage, Barn, Etc.).
___	5.	Identify The Current Use Of The Building In Which The Home Occupation Will Be Conducted. <b>Note: A Change In The Use Of A Building Will Require A Building Permit. Apply To The Town Of Cave Creek Building Safety Department For A Building Permit Prior To Initiating Any Change In The Use Of A Home Or Accessory Building.</b>

- \_\_\_ 6. If The Home Occupation Is Located Within A Home (Residence), Indicate The Size (Sq. Ft.) Of The Home And The Amount Of Space (Sq. Ft.) Dedicated To The Home Occupation.
- \_\_\_ 7. If The Home Occupation Is Located Within An Accessory Building, Indicate The Size (Square Feet) Of The Accessory Building, The Buiding Type (Garage, Barn, Etc.) And The Amount Of Space Dedicated To The Home Occupation.
- \_\_\_ 8. Identify What Exterior Changes (If Any) Will Be Made To The Home Or The Accessory Building In Order To Accommodate The Home Occupation. **Note: Changes To The Exterior Of A Building May Require A Building Permit. Contact The Town Of Cave Creek Building Safety Department Prior To Initiating Any Exterior Changes To A Home Or Accessory Building To Ascertain If A Building Permit Is Required.**
- \_\_\_ 9. Identify What Interior Changes (If Any) Will Be Made To The Home Or The Accessory Building In Order To Accommodate The Home Occupation. **Note: Changes To The Interior Of A Building May Require A Building Permit. Contact The Town Of Cave Creek Building Safety Department Before Initiating Any Interior Changes To A Home Or Accessory Building To Ascertain If A Building Permit Is Required.**
- \_\_\_ 10. Identify The Number Of Employees Associated With The Home Occupation. **Note: If Employees (Other Than Family Members) Or The General Public Utilize The Subject Building Containing The Proposed Home Occupation, All Provisions Of The Arizonans With Disabilities Act (AZDA) Must Be Complied With.**
- \_\_\_ 11. Indicate The Hours Of Operation.
- \_\_\_ 12. Provide An Estimate Of The Number Of Customers Anticipated On A Daily Basis.
- \_\_\_ 13. Identify The Number Of On-Site Parking Spaces Provided.
- \_\_\_ 14. Provide The Number Of Daily, Weekly Or Monthly Deliveries Anticipated.
- \_\_\_ 15. Identify And Describe All Related Outdoor Storage Requirements.
- \_\_\_ 16. Identify What Waste Products Will Be Generated By The Home Occupation And The Methods For Their Disposal.
- \_\_\_ 17. Identify What Raw Materials Will Be Used In Conjunction With The Home Occupation Along With The Maximum Quantities Kept On-Site.
- \_\_\_ 18. Identify Any Petroleum, Chemical And/Or Other Hazardous Materials Utilized In Conjunction With The Home Occupation As Well As The Method For The Storage And Disposal Of Any Potential Hazardous Materials.
- \_\_\_ 19. Identify Any Noise, Litter, Vibration, Glare, Fumes, Odors, Dust Or Electrical Interference Related To The Proposed Home Occupation.

**SECTION D.**            **APPLICANT'S AFFADIVIT** (to be completed by the Applicant):

I, (print name) \_\_\_\_\_ hereby attest that I have reviewed the Home Occupation section of the Town of Cave Creek Zoning Ordinance and the application form for a Home Occupation Permit and understand and accept each and all of the contained provisions. Furthermore, I hereby attest that the Home Occupation as described in the attached narrative will at all times comply with the conditions listed in the Home Occupation section of the Town of Cave Creek Zoning Ordinance. Therefore, my business is rightfully classified as a Home Occupation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION E.**            **REVIEW CRITERIA** (to be completed by the Applicant):

The Authorization Of A Home Occupation Permit Shall Not Be Made Unless The Evidence Presented Establishes:

<b><u>Complies</u></b>	<b><u>No.</u></b>	<b><u>Requirement</u></b>
yes    no		
___    ___	1.	The Home Occupation Shall Be Conducted Wholly Within A Dwelling Unit, Except That, In The Desert Rural Or Single-Family Residential Zones, An Existing Accessory Building Located Within The Buildable Area Of The Side Or Rear Yard May Be Utilized For Home Occupation Purposes.
___    ___	2.	Any Exterior Change To A Residence Or Site, Which Does Not Conform To A Residential Appearance, Is Prohibited. This Includes But Is Not Limited To Signage, Lighting, Parking And Equipment.
___    ___	3.	Other Than The Inhabitants Of The Residence, No More Than One Full Time (40 Hours Per Week) Person May Be Employed In The Operation Of A Home Occupation.
___    ___	4.	Adequate Off-Street Parking Must Be Provided For Customers. However, Parking Or Traffic Excess, In Size Or Frequency, Which Disturbs Residential Tranquility Is Prohibited.
___    ___	5.	Any Activity, Which Produces Noise, Litter, Vibration, Glare, Fumes, Odors, Dust Or Electrical Interference Noticeable At Or Beyond The Property Line, Is Prohibited.

**SECTION F.**            **TOWN OF CAVE CREEK STAFF REVIEW** (to be completed by Town Staff):

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Review Date: \_\_\_\_\_

