



# HOME OCCUPATION PERMIT

Per Code Section 14-04-10

## APPLICATION / APPROVAL FORM

Planning: 479-795-2750 x27 [planning@centertonar.us](mailto:planning@centertonar.us)

Date: \_\_\_\_\_

HOP # \_\_\_\_\_ - \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Owner: \_\_\_\_\_  
 Business/Property Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_ PID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Lot \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_ Zoning \_\_\_\_\_  
 Is Property Address owned by business owner: \_\_\_\_\_ Yes \_\_\_\_\_ No (If No, applicant must provide owner permission)

**Type of Home Occupation Business:** \_\_\_\_\_ Online Only Purchasing & Resale \_\_\_\_\_ Services Offered  
 \_\_\_\_\_ Office/Administrative Use Only \_\_\_\_\_ Other: \_\_\_\_\_

**Description:** (Describe merchandise/product being sold/purchased, service offered, # of Customers/Employees anticipated at a time during operating hours, # of deliveries expected daily/weekly, signage/advertisement, etc.)

\*\*\*\*\* STAFF USE ONLY \*\*\*\*\*

\_\_\_ Approved \_\_\_ Approved with Conditions \_\_\_ Denied (Reason \_\_\_\_\_)  
 X \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Dept. Representative  
 Fire Dept.: \_\_\_ Approved \_\_\_ Denied \_\_\_ Comments ◆ Building Safety: \_\_\_ Approved \_\_\_ Denied \_\_\_ Comments

**Conditions of Approval:** (may carry over to additional page) **Violation of any listed condition(s) could be basis for terminating Home Occupation Permit and Approval granted by Staff.**

\_\_\_ Fire Inspection Required (call or email to schedule: 479-795-2550 / [mthompson@centertonfire.com](mailto:mthompson@centertonfire.com) / 479-633-3823 / [phigginbotham@centertonfire.com](mailto:phigginbotham@centertonfire.com))  
 \_\_\_ For employee/customer safety owner accepts liability if restrooms are not ADA compliant  
 \_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\$20.00 Fee Paid** \_\_\_ / \_\_\_ / \_\_\_ -- Check \_\_\_ / Cash \_\_\_ / CC \_\_\_ / Receipt # \_\_\_\_\_

## HOME OCCUPATION CHECKLIST

Per Code Section 14-04-10(A)

Please indicate your answer to each of the following with a

HOP # \_\_\_\_\_ - \_\_\_\_\_

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

Property Address: \_\_\_\_\_

Agree	Disagree	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation is located completely within the principal dwelling unit.
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation is solely operated by the owner(s) and/or occupant(s) of the dwelling. (No non-resident persons are employed or independently contracted.)
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation/retail sales operation is not the primary use of the residence. (Primary use of the home is Residency, secondary is home occupation)
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not occupy more than 25% of the gross habitable ground floor area of the principal dwelling unit.
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not display merchandise or have outside storage equipment or materials. (Materials and equipment used to produce product for retail sale is stored completely within the dwelling or accessory structure.)
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not alter the external appearance of the principal dwelling unit.
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not create noise, vibration, glare, fumes, electromagnetic interferences, odors, or air pollution outside the principal dwelling unit.
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not involve the storage of hazardous materials, other than substances of a type and quantity customarily associated with a home or hobby.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Number of customers and/or employees in the vicinity of the principal dwelling unit at any time (excluding business or property owner). ___ 0 ___ 1 ___ More than 1
<input type="checkbox"/>	<input type="checkbox"/>	The home occupation does not involve the external or visible manufacturing of goods on site.
<input type="checkbox"/>	<input type="checkbox"/>	The Intended use is not a Homestay/Air B&B use. (Reference Schedule of Uses 14.04.14 #86)
<input type="checkbox"/>	<input type="checkbox"/>	I will not be posting signs/banners at my residence as advertisement of my home occupation business.

**Below signature not required if any of the above was checked "Disagree".**

A Conditional Use Permit will be required for your home occupation per Planning Code Section 14-04-10(B)

My signature below confirms that I, \_\_\_\_\_, agree that each of the above questions have been answered with integrity and that I agree to inform the City of any changes related to the above, with the understanding that a Conditional Use Permit for Home Occupation may be required based on those changes. I am also aware and understand that the City has the authority to revoke and/or deny renewal of my Home Occupation Business License for failure to comply with the Code Section 14.04.10(A).

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_