

Yavapai County Development Services

Prescott Office
 1120 Commerce Drive, Prescott, AZ 86305
 (928) 771-3214 Fax: (928) 771-3432



Cottonwood Office
 10 S. 6th Street, Cottonwood, AZ 86326
 (928) 639-8151 Fax: (928) 639-8153

Addressing – Building Safety – Customer Service & Permitting – Environmental – Land Use – Planning

HOME OCCUPATION PERMIT

GENERAL INFORMATION	OFFICE USE ONLY
Applicant's Name:	Application #
Business Name:	Permit #
Mailing Address:	Issue Date:
	Fee: \$ 190.00 + Document Fee
Site Address:	Receipt #:
Contact Person:	Zoning Dist:
Phone No:	
Property Owner Name:	
Property Owner Address:	
Home Phone No:	
Assessor's Parcel No:	

Description of Occupation

Definition of Home Occupation- A use within a primary dwelling or in an attached or detached structure carried on by residents thereof for gain, which use is merely incidental to the residential use and does not change the character thereof by display or otherwise. Home occupations shall comply with the Home Occupation regulations of the Yavapai County Planning and Zoning Ordinance.

Please indicate by checking 'yes' or 'no' to whether your business can comply with the regulations of the Planning and Zoning Ordinance Section 543, Home Occupation. If you answer 'no' to any of the questions below, please contact Development Services prior to submitting your application.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The use is incidental to the residential use of the dwelling |
| <input type="checkbox"/> | <input type="checkbox"/> | No person other than the resident of the dwelling shall be employed in the conduct of the home occupation |
| <input type="checkbox"/> | <input type="checkbox"/> | The use will not generate vehicular or pedestrian traffic in excess of that which is normally associated with the residential use in the same District. Note: 10 single or one-direction vehicle movement is considered to be the daily norm |
| <input type="checkbox"/> | <input type="checkbox"/> | There is no exterior indication of the home occupation, including signs |
| <input type="checkbox"/> | <input type="checkbox"/> | The use will not create noise, odor, dust, fumes, vibration, smoke, electrical interference, or any other interference with residential uses of adjacent property |
| <input type="checkbox"/> | <input type="checkbox"/> | The appearance of the structure or premises will not be so altered or the conduct of the occupation within the structure be such that it can be recognized as a non-residential use |
| <input type="checkbox"/> | <input type="checkbox"/> | There will be no storage of materials and/or supplies, including vehicles or equipment used in the occupation, indoors or outdoors, which will be hazardous to surrounding neighbors or detrimental to the residential character of the neighborhood |
| <input type="checkbox"/> | <input type="checkbox"/> | The home occupation will not utilize or rely upon delivery or service from large vehicles not customary in residential areas |

Briefly describe your proposed home occupation and the business activity at the residence:

Please respond to the following:

- Total square footage of residence _____. Square footage used for business _____
- How many residents of the dwelling will be involved or employed in the conduct of the proposed occupation:
Family Members _____ Others: _____ Total: _____
- What are the hours of operation? _____
- Will people come to your home to obtain any product or utilize any service connected with your home occupation?
_____ Yes _____ No
If Yes, please explain and provide an estimate of numbers per day. _____

- How are products distributed or service provided to customers? _____
- Describe methods of operation. _____
- List materials and equipment used. _____
- Does business involve use of chemicals/hazardous materials? ___ Yes ___ No Describe _____

- Describe any alternations to the home or premises that might be required to facilitate your home occupation.

- Describe what rooms and how they will be used in the conduct of the home occupation and how those rooms will be used. (Example: garage will be used to store supplies or den will contain desk and file cabinets, etc.)

- If cars, trucks, or other equipment will be used in your home occupation or come to your residence, where will they be parked or stored? _____
- Will the home occupation involve the use of commercial vehicles for delivery of materials to or from your home?
_____ Yes _____ No
If Yes, how often and what size? _____

If you are selling a product or engaging in a service subject to transaction privilege tax, you will most likely need to obtain the state transaction privilege tax (TPT) license from the Arizona Department of Revenue (commonly referred to as a sales tax, resale, wholesale, vendor or tax license) and a transaction privilege tax or business/occupational license from the city(ies) in which you are based and/or operate.

Does Home Occupation require a transaction privilege tax license from the Arizona Department of Revenue?

No Yes TPT License Number (required if yes):

I swear or affirm that I have read and understand Section 301 and 543 A-J, of the Yavapai County Planning and Zoning Ordinance and believe to the best of my knowledge that my proposed home occupation would not violate any portion of the aforesaid County Code.

Applicant's Name (please print) _____

Applicant's Signature: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____
(if different than applicant)

Note: Violations of any of the criteria listed in the Yavapai County Zoning Ordinance, Sections 301 and 543 A-J, Home Occupation, shall result in the cancellation of the Home Occupation Permit. Applicant has read, understands and agrees to comply with all provisions listed on the reverse of this permit. Fee is non refundable once processing has begun.

Conditions/Comments:

INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE PROCESSED
OFFICE USE ONLY

Received by: _____	Date: _____	CTL Check: _____	ADOR: _____
Approved: _____	Conditional Approval: _____	Denied _____	
Staff: _____	Date: _____	Review Date: _____	
Revoked: _____	Date: _____	Staff: _____	