PLANNING, DEVELOPMENT & SUSTAINABILITY DEPARTMENT

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Home Occupation Permit Application

Owner(3) of Necola.			
Name:	Phone:		
Mailing Address:			
City, State, Zip Code:			
Email:			
Applicant (if different than Owner):			
Name:	Phone:		
Mailing Address:			
City, State, Zip Code:			
Email:			
Legal Description of Property:			
Street Address:			
Subdivision Name:	Tract/Lot No.	Block No.	
Certificate of Survey No.:			
Geocode or Tax ID# if no street address is available:			

Carefully review Chapter 5.17 of the *Missoula County Zoning Regulations* to ensure the proposed Home Occupation conforms to the Performance and Design Standards in Section 5.17.

Note: The following uses are prohibited as a home occupation.

- 1. Vehicle and small engine maintenance and repair
- 2. Equipment rental businesses
- 3. Tow truck services

Owner(s) of Record:

- 4. Material or equipment storage businesses
- 5. Eating or drinking establishments
- 6. Funeral and internment services
- 7. Animal shelters and boarding kennels
- 8. Commercial cannabis cultivation, manufacturing, and dispensing
- 9. Any business having more than three employees onsite.

HOME OCCUPATION QUESTIONNAIRE

Applicability

Home occupations are accessory and subordinate to a primary residential use on a property. They are permitted in any zoning district that allows residential uses so long as the prevailing character of the Residential district is unchanged by the home occupation established.

Criteria for Review

Please provide a detailed explanation for each question below.

- 1. What type of business and activity is proposed?
- **2.** Does the owner or operator of the home occupation reside on the property or in the dwelling in which the home occupation is located?
- **3.** In addition to the resident business owner or operator, how many employees or associates will be present on the property at any time.
- 4. How many clients or customers will be served on the subject property at one time?
- **5.** What type of equipment, material, and products are used in the business and how are they to be stored?
- **6.** How many and what types of vehicles will be used for the business? If vehicles associated with the business are intended to be at the kept at the home, please include an aerial exhibit indicating where vehicles will be lawfully parked or stored.
- 7. Will there be truck deliveries or pick up of supplies or products?
- 8. Will the business require additional structures or remodeling of the residence?
- 9. Will there be any window or yard display of any materials or merchandise?
- **10.** Will there be a sign displayed on the premises?

HOME OCCUPATION ACKNOWLEDGEMENT

I, the undersigned applicant for a Home-Based understand the requirements and conditions of Regulations. I agree to abide by all said require intensity of home-based businesses.	, ,	
Applicant	Business Name	
Applicant's Signature	Date	
Note: If the property where the home occupation to be conducted is not owned by the applicant (<i>i.e.</i> leased or rented), then the signature of the property owner is required below. A letter or email from the property owner giving permission to the applicant can also be attached to this application in lieu of a signature.		
Property Owner/Representative	Date	
Property Owner/Representative Signature	_	
NOTE: Owners are advised that they will, along	g with the applicant, be held responsible for any	

NOTE: Owners are advised that they will, along with the applicant, be held responsible for any violations of permits issued.