



A place where families and businesses thrive.

Home Occupation Permit Application

PROPERTY OWNER:

APPLICANT:

(If Other than Property Owner)

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 E-Mail Address: _____
 Signature: _____

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 E-Mail Address: _____
 Signature: _____

BUSINESS NAME & LOCATION: _____

PLEASE DESCRIBE THE BUSINESS: (Attach additional pages if necessary)

ADDITIONAL INFORMATION ABOUT THE BUSINESS:

➤ **Days of Operation:**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

➤ **Hours of Operation:** _____

➤ **Will there be a business sign?** Y N
If yes, a sign permit will be required

➤ **On-site Employees:** None One (1) Two (2)

➤ **Estimated # of Customer / Client visits per day:** _____

PROHIBITED HOME OCCUPATIONS:

The following uses will not be permitted as home occupations:

- Motor vehicle sales, rental, servicing, repair, or painting;
- Waste related, junk and salvage operations;
- Cannabis related uses;
- Any use not conducted within a wholly enclosed building;
- Any use that consists of the manufacturing, processing, generation, or storage of materials that constitute a fire, explosion, or health hazard as defined by the Building Code, Fire Code, or both; and
- Any other use with characteristics consistent with home occupations, but non-compliant with the standards and provisions of this chapter.

****Please complete and submit the checklist on the following page****

By initialing and signing below, I agree to comply with the following requirements to conduct my home business:

_____ The proposed home occupation does not incorporate any of the prohibited home occupations listed on the previous page.

_____ The home occupation will comply with the requirements and standards of the development code and all applicable requirements of the City of Forest Grove code of ordinances.

_____ I agree to obtain and maintain a City of Forest Grove business license, and remain in compliance with the provisions of Title 6 ("Business Regulations") of the City of Forest Grove.

_____ I agree to obtain and maintain all other applicable licenses or permits from associated agencies; e.g.: any county, state or federal permits which may be required to legally operate the business.

_____ The dwelling and any accessory structure in which the home occupation will be operated, will not be altered in any way that would change the residential character and use of the dwelling and/or accessory residential structures. Any manufacturing equipment will not exceed the horsepower or other measurements of power customarily used for residential purposes.

_____ The home business will be owned and operated by a primary resident of the dwelling unit.

_____ I understand that no more than two (2) on-site employees are allowed to be employed at the dwelling where the home occupation is conducted, and that the subject property will not be used as a meeting location for off-site employees or the parking of their personal vehicles.

_____ The home occupation will be operated wholly within the primary residence and/or wholly enclosed accessory structure(s). There will be no outside storage of materials to serve the home occupation.

_____ The home occupation will not generate any vibration, smoke, dust, odors, heat or glare detectable at or beyond the property line.

_____ There will be no more than one (1) commercially licensed vehicle, not larger than 1- ton gross vehicle weight, parked outside at the subject property at any time. I understand that exterior storage of vehicles associated with the home occupation is prohibited.

_____ I understand that there can be no more than one (1) delivery/pick up ("shipment") to the property associated with the home business use, per day.

_____ I understand that no more than ten (10) customer/client visits are permitted daily, and that those visits will not occur before 7 am or after 10pm.

_____ If I wish to install a sign, I understand that a separate permit is required.

Applicant Signature

Date

OFFICIAL USE ONLY:

PLANNING FILE #:

INTERNAL FILE #:

RECEIVED BY:

DATE: