

WILBUR PERMIT LICENSE# \_\_\_\_\_

**TOWN OF WILBUR PERMIT APPLICATION  
HOME OCCUPATION BUSINESS**

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
OWNER OF BUSINESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE BUSINESS COMMENCED

\_\_\_\_\_  
MAILING ADDRESS IF DIFFERENT  
FROM BUSINESS ADDRESS

\_\_\_\_\_  
DATE APPLICATION APPROVED

\_\_\_\_\_  
NAME OF PROPERTY OWNER

\_\_\_\_\_  
APPLICATION APPROVED BY

**I HAVE BEEN PROVIDED A COPY OF ORDINANCE #272, REGULATING HOME OCCUPATIONS  
AND HAVE READ AND UNDERSTAND THE ORDINANCE. ( ) YES ( ) NO**

EXPLAIN IN DETAIL THE BUSINESS YOU WILL BE CONDUCTING AT YOUR HOME ADDRESS. \_\_\_\_\_

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

DO YOU PROPOSE TO HAVE ANY OF THE FOLLOWING AS PART OF YOUR HOME BUSINESS?

1. AUTOMOTIVE OR LARGE EQUIPMENT REPAIR & REBUILD ( ) YES ( ) NO
2. ANIMAL HOSPITAL ( ) YES ( ) NO
3. STABLE OR KENNELS ( ) YES ( ) NO
4. DANCE AND/OR EXERCISE STUDIO ( ) YES ( ) NO
5. RESTAURANT ( ) YES ( ) NO
6. HAZARDOUS OCCUPATION USING EXPLOSIVES, TOXIC OR HAZARDOUS MATERIALS ( ) YES ( ) NO
7. A HOME OCCUPATION THAT DOES NOT MEET ALL OF THE REQUIREMENTS OF ORD. #272, HOME OCCUPATIONS ( ) YES ( ) NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOUR HOME BUSINESS WILL BE IN VIOLATION OF THE WILBUR ZONING ORDINANCE CONCERNING HOME BUSINESS OCCUPATIONS AND WILL BE PROHIBITED.**

DOES YOUR HOME BUSINESS CONSIST OF ONE OR MORE OF THE FOLLOWING ACTIVITIES?

1. HOME COOKING AND PRESERVING ( ) YES ( ) NO
2. DRESSMAKING, TAILORING AND SEWING ( ) YES ( ) NO
3. TUTORING OR GIVING PIANO OR VOICE LESSONS ( ) YES ( ) NO
4. TELEPHONE ANSWERING OR SOLICITING ( ) YES ( ) NO
5. COMPUTER PROGRAMMING ( ) YES ( ) NO
6. CHILD CARE NOT EXCEEDING 4 CHILDREN MORE THAN 3 CONSECUTIVE DAYS ( ) YES ( ) NO
7. BED AND BREAKFAST ( ) YES ( ) NO

**IF YOUR HOME BUSINESS CONSISTS EXCLUSIVELY OF ONE OR MORE OF THE ABOVE ACTIVITIES AND YOU DO NOT EMPLOY ANYONE ON THE PREMISES WHO IS NOT A RESIDENT OF YOUR HOME, YOU MAY NOT NEED TO APPLY FOR A CONDITIONAL USE PERMIT.**

WILL YOUR HOME BUSINESS INVOLVE ANY OF THE FOLLOWING CONDITIONS?

1. WILL THERE BE ANY OUTSIDE STORAGE OR GOODS? ( ) YES ( ) NO
2. WILL THERE BE MORE THAN ONE COMPANY VEHICLE PARKED OUTSIDE? ( ) YES ( ) NO
3. WILL THE APPEARANCE OF YOUR HOME BE CHANGED BY ANY OF THE FOLLOWING?
  - A. EXTERIOR DISPLAY ( ) YES ( ) NO
  - B. EXTERIOR BUILDING ALTERATION ( ) YES ( ) NO
  - C. ADDED PARKING ( ) YES ( ) NO
  - D. EXTERIOR STORAGE ( ) YES ( ) NO
  - E. PARKING OF COMMERCIAL VEHICLES ( ) YES ( ) NO
  - F. ANY OTHER EXTERNAL INDICATION OF A HOME OCCUPATION ( ) YES ( ) NO
4. WILL YOU HAVE EQUIPMENT AT YOUR RESIDENCE OTHER THAN THE TYPE TYPICALLY USED FOR PURELY DOMESTIC, HOUSEHOLD PURPOSES? ( ) YES ( ) NO
5. WILL YOUR PROPOSED BUSINESS:
  - A. OCCUPY MORE THAN 25% OF THE FLOOR AREA OF ANY BUILDING? ( ) YES ( ) NO
  - B. REQUIRE INTERNAL OR EXTERNAL ALTERATION OR INVOLVE CONSTRUCTION FEATURES NOT CUSTOMARILY FOUND IN RESIDENCES? ( ) YES ( ) NO

6. WILL YOUR BUSINESS:
- A. INVOLVE THE USE OR PARKING OF MORE THAN ONE COMMERCIAL VEHICLE AT YOUR RESIDENCE? ( ) YES ( ) NO
  - B. INVOLVE FREQUENT DELIVERY OR DELIVERY OF PRODUCTS OR MATERIALS TO AND FROM THE PREMISES EARLIER THAN 7:00AM OR LATER THAN 10:00PM? ( ) YES ( ) NO
  - C. EMPLOY MORE THAN ONE PERSON WHO IS NOT A RESIDENT OF YOUR HOME?
7. WILL YOUR BUSINESS:
- A. HAVE WINDOW DISPLAYS? ( ) YES ( ) NO
  - B. HAVE SIGNS OTHER THAN THE ONE ATTACHED, NON-ILLUMINATED FOUR SQUARE FOOT ALLOWED SIGN ATTACHED TO THE BUILDING? ( ) YES ( ) NO
8. WILL YOUR BUSINESS BE CONDUCTED IN SUCH A MANNER THAT:
- A. THE RESIDENCE WILL DIFFER FROM ITS RESIDENTIAL CHARACTER EITHER BY THE USE OF COLORS, MATERIALS, CONSTRUCTION, LIGHTING OR SIGNS? ( ) YES ( ) NO
  - B. THE EMISSION OF SOUNDS, NOISES, VIBRATIONS OR ODORS WHICH WOULD ADVERSELY AFFECT THE RESIDENTIAL QUALITIES OF ADJACENT PROPERTIES? ( ) YES ( ) NO

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOUR BUSINESS MAY BE IN VIOLATION OF THE HOME OCCUPATION ORDINANCE AND A CONDITIONAL USE PERMIT MAY BE DENIED.**

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF WASHINGTON THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS

RETURN COMPLETE APPLICATION WITH A \$15.00 FEE TO:

TOWN OF WILBUR  
PO BOX 214  
WILBUR, WA 99185