Received Stamp



City of Roslyn
Planning Department
100 E. Pennsylvania Ave.
PO Box 451
Roslyn, WA 98941
509-649-3105
FAX 509-649-3174
roslynplanning@inlandnet.com

Home Occupation Permit Application Checklist

FOR STAFF USE ONLY						
File No.:		Received By:	Date Received:	Date Complete:		
Applicant City NA	applica you m	ation is for a new busine	als which are required for a comess, the permit is due prior to con iness address, phone number, et we any questions.	nmencement of business. Also,		
	1.	Master Permit Application				
	2.	Home Occupation Permit	Application			
	3.	The Home Occupation Pe	rmit fee;			
	 A vicinity map extending at least 800 feet in each direction from the property. The vicinity map shall be drawn to scale of one inch equals 800 feet. 					
	5.	Business license				

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Home Occupation Permit Application

This form must be completed (clearly printed or typed) and submitted to the City with the Master Permit application and any other permit applications and associated application materials as required on the attached application checklist(s), as well as all fees as determined by the Planning Official. If you have questions or need more information, please contact the Planning Department at (509) 649-3105 or roslynplanning@inlandnet.com.

FOR STAFF USE ONLY						
File No.:	Received By:	Date Received:	Date Complete;			
Applicant Name:		Applicant Pho	ne # ()			
Business Name:		Business Addr	ress:			
Owner of Residence:		Owner Phone	#()			
Owner Address:						
Located in a House Apartment, Condo, Townhouse Name of Complex, Building # or Apt. #						
Assessor / Tax Parcel Number(s):						
All home occupations shall comply with the home occupation requirements as defined in RMC 12.100.020, and listed on the back of this page.						
Number of Employees	(including owners)	Business Floor Area (sq. feet):				
Type of Business:		Dwelling Floor Area (sq. feet):				
Briefly describe the business activities:						
Hours of operation:	a.m./p.m. to	a.m./p.m.	Days of the week:			
How many and what type of business-related deliveries/pickups (other than U.S. mail) do you anticipate per week (UPS, Federal Express, etc.)						
How many customer vi	sits per day	per week				
Please read the home occupation requirements in RMC 12.100.020 and sign below.						
I have read and understand that failure to comply with the home occupation regulations as listed in RMC 12.100.020 is ground for immediate revocation of the home business license. I agree that my home business will be conducted in such a manner that none of these regulations will be violated.						
I certify under the penalty of perjury under laws of the State of Washington that the above information is true and correct.						
Signature:			Date:			
Printed Name:		Date:				

Home Occupation Permit