

# HOME OCCUPATION PERMIT APPLICATION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362  
360.417.4750 | www.cityofpa.us | ced@cityofpa.us

file no. \_\_\_\_\_

The purpose of a Home Occupation Permit (HOP) is to ensure that an occupation or business undertaken within a dwelling unit located in a residential zone is incidental and subordinate to the primary residential use and is compatible with the residential character of the neighborhood. HO Permits are approved by the Director of Community and Economic Development (Director). Appeals of the Director’s decision may be made within 15 days of the decision to the City of Port Angeles City Council.

For more information see Chapter 17.17 of the Port Angeles Municipal Code

## HOME OCCUPATION STANDARDS

- A. There shall be no exterior display, no exterior sign, no exterior storage of materials (not including commercial vehicles and as listed in PAMC 17.17.030(B)(3), and no other indication or appearance of a business that would detract from the residential character of the area.
- B. If the operation is the type where customers or clients come to the home, the Director shall determine the number of visitations per day that is compatible with the area.
- C. If customers or clients visit the home, the hours of operation shall be from 9:00 a.m. to 5:00 p.m., unless otherwise specified by the Director.
- D. If the operation is the type in which classes are held or instruction given, the Director of Community and Economic Development shall determine the number of students per day that is compatible with the site and surrounding area.
- E. Employees working on the premises shall be limited to members of the family residing in the dwelling unit, unless otherwise specified by the Director of Community and Economic Development; provided that the number of non-family employees shall not exceed one.
- F. On-premise retail sale of goods not produced/processed/fabricated in the dwelling unit are not permitted.
- G. Home occupations shall be conducted in whole or in part in the dwelling unit but not entirely in an accessory building unless otherwise specified by the Director of Community and Economic Development; provided, that the dwelling unit and accessory building in which the home occupation is conducted shall occur on the same parcel.
- H. The number of off-street parking spaces shall be determined by the Director. Any improvements to the parking area shall be determined by the City Engineer in accordance with Chapter 14.40 PAMC whereby said improvements shall be completed within two years of the date of approval.

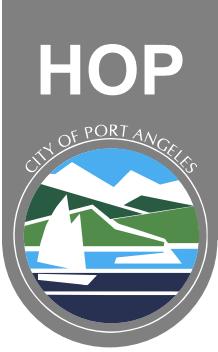
For exempted Home Occupations, see Section 17.17.030 of the Port Angeles Municipal Code

## REQUIRED APPLICATION MATERIALS CHECKLIST

This is an application for:  A New HOP       An extension of an existing HOP (#: \_\_\_\_\_)

- HOP Application:** A completed application signed by the applicant or applicant’s representative
- Project Narrative:** A detailed explanation of the goals and outcome. An explanation of how the proposed Home Occupation meets criteria A-H
- A Vicinity Map:** Showing the relation to surrounding properties, zoning, and land use
- A Site Plan:** Accurate drawing complete with all property lines, structures, and a parking plan
- Mailing Addresses:** Mailing labels and a list (MS Excel format) of property owners within 300 feet of the proposed site, obtained from the Clallam County Assessor’s Office.

Please Contact the Department of Community & Economic Development with any questions.



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## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ (Property Owner:  Yes  No)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Representative (If other than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(If applicant, or applicant's representative, is not the owner, property owner acknowledgment of this proposed land use action must be provided)

## HOME OCCUPATION INFORMATION

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Owner Mailing Address: \_\_\_\_\_

Business Description: \_\_\_\_\_

Will the business have clients or customers visiting the property:  Yes  No (If yes, # expected per week: \_\_\_\_\_)

Days/Hours of Operation: \_\_\_\_\_

## PROPERTY INFORMATION

Property Owner(s): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property ID Number: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Comprehensive Plan Designation: \_\_\_\_\_

## SIGNATURE

I have read and completed the application and attached all application materials and know it to be true and correct. I am authorized to apply for this permit and understand that additional information may be required and it is my responsibility to determine what other permits are required and to obtain permits prior to work, use, or activity. I understand that I will forfeit fees if I withdraw the application prior to permit issuance.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature ( Owner  Representative) \_\_\_\_\_

Notes:	
Fees: \$200 (Extension: \$100)	DATE STAMP