

IN-HOME OCCUPATION ZONING FORM

I. a. Will your home occupation be conducted entirely within the dwelling?

Yes ___ No ___ If no, please explain.

b. Will there be any other employees other than inhabitants of the dwelling?

Yes ___ No ___ If yes, please explain.

c. Will the home occupation change the residential character of the building?

Yes ___ No ___ If yes, please explain.

d. Will your home occupation occupy more than 25% of the floor area of the residence?

Yes ___ No ___ If yes please explain.

e. Will the home occupation display or store merchandise, materials, or equipment outside of the home?

Yes ___ No ___ If yes, please explain.

II. a. Will there be a need for additional parking or vehicle traffic?

Yes ___ No ___ If yes, please explain.

b. Will there be any direct sales of products or merchandise from the residence? (Will there be customers?)

Yes ___ No ___ If yes, please explain.

In-Home Occupation Zoning Form continued....

- c. Will commercial delivery (UPS, etc.) vehicles be coming to your residence?

Yes ___ No ___ If yes, please explain.

- d. Will any equipment or process be used in the home occupation which will create noise, vibrations, glare, fumes, odors perceptible outside of the dwelling unit, or cause any electrical interference in any radio or television receivers off the property?

Yes ___ No ___ If yes, please explain.

- e. Will there be any signs for your home occupation?

Yes ___ No ___ If yes, please explain.

- f. Proposed Business: (please describe)

- g. If your business will be done in another location other than your residence what specific activities will take place at your residence? (paperwork, phone calls, etc.)

- h. If you are renting the home please list who you are renting from:

Signature of Applicant: _____

Date: _____

City Planner

Date

2010 Application for City Business Registration

City of Scappoose

33568 East Columbia Ave.
Scappoose, Oregon 97056
Phone 503-543-7146
Fax 503-543-7182

YEAR ENDING DECEMBER 31, 2010
OPENING DAY OF BUSINESS _____

SCAPPOOSE MUNICIPAL CODE, TITLE 5, BUSINESS LICENSE AND REGULATION, REQUIRES ALL FEES ARE DUE AND PAYABLE BY JANUARY 1ST EACH YEAR (UNLESS YOU ARE OUT SIDE OF THE CITY LIMITS THEN IT MUST BE RENEWED PRIOR TO WORKING IN THE CITY OF SCAPPOOSE), FAILURE TO PAY FEES BY DUE DATE WILL INCUR A PENALTY.

Owner Name: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Bus. Location: _____ * No. Employees: _____
(Number of employees working 20 hours or more per week)

City, State, Zip: _____ * Owner Date of Birth: _____

Mailing Address: _____ * Owner Driver's License #: _____

City, State, Zip: _____ * No. of Rentals: _____

*** ONLY FOR BUSINESSES LOCATED IN CITY LIMITS**

Description of Business: (give details)

Check One:

Retail Wholesale Financial Service Manufacturing Rentals Real Estate Home Occupation Other

Contractor **Builder Board License #** (For Contractors) _____

IMPORTANT - READ AND SIGN BELOW RETURN WITH FEE. VALIDATED LICENSE WILL BE MAILED TO YOU.

FEES:

New Registration Fee \$ _____
 Renewal

Business located in City Limits: **EXEMPT FOR 2010**
Rental Units: **EXEMPT FOR 2010**

Penalty Fee \$ _____ Business located **out of City Limits:** \$100.00 (good until Dec 31, 2010)
OR

Total Due \$ _____ **7 consecutive days** for \$40.00

Signed By _____ **Office/Title** _____ **Date** _____

I certify that the above information is correct (Make any corrections as needed)

NOTE: Additional City Permits may be necessary before the owner can commence business.

OFFICE USE ONLY

Planning _____ City Manager _____

Building _____ Police _____

Amount Paid Date Issued By Receipt # Type Code Date Business Discontinued License Number

If you change your business address, nature of business, or if you are no longer doing business in Scappoose, please notify City Hall.