



CITY OF
Caldwell, Idaho

Planning & Zoning

**HOME OCCUPATION
STATEMENT OF COMPLIANCE**

Home Occupation Information

Address: _____

Square footage of the house: _____ Square footage of areas to be used for the Home Occupation: _____

List all rooms to be used for the Home Occupation: _____

Storage of any goods and/or equipment on site? Yes No If "yes", what items and where will they be stored:

Will there be production of any article on site that will be offered for sale? Yes No

If "yes", what type of item(s): _____

No article shall be sold or offered for sale as part of the Home Occupation, except for such articles that are produced by those operating the Home Occupation.

Home Occupation Allowable Uses

Mark the use that most closely resembles the proposed Home Occupation

- | | | |
|---|---|--|
| <input type="checkbox"/> Barber/Beauty Shop | <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Office- Medical, Dental |
| <input type="checkbox"/> Home & Business Services | <input type="checkbox"/> Office- Business, Professional | <input type="checkbox"/> Therapy, Rehabilitation |
| <input type="checkbox"/> Photographic Studio | <input type="checkbox"/> Studio- Art, Dance, Music, Voice | <input type="checkbox"/> Other: _____ |

All Home Occupations must comply with Caldwell City Code Section 10-02-09. The applicant is solely responsible to review said section and by signing below certifies that they have read, understand, and will comply with all standards, terms, and requirements as listed in City Code and this application. Any non-compliance of any standards, terms, or requirements of Caldwell City Code will lead to revocation of the Home Occupation Permit.

Applicant's signature: _____ Date: _____

Applicant's printed name: _____ Phone #: _____