



COMMUNITY DEVELOPMENT DEPARTMENT

360 SW Avery Avenue
Corvallis, OR 97333-1139
(541) 766-6819
FAX (541) 766-6891

APPLICATION

HOME OCCUPATION RENEWAL

Required every 2 years for home-based businesses that occur outside the home

Original File # LU-____-_____

Fee: \$0

Name: _____ Phone #1: _____

Mailing Address: _____ Phone #2: _____

Site Address: _____ Email: _____

Property Acreage: _____ Zone: _____

Assessor's Map & Tax Lot Number: T _____ S, R _____ W, Section(s) _____, Tax Lot(s) _____

Business Name: _____

Description of home-based business: _____

Describe any changes in the home occupation since the last approval (2 years ago): _____

Size of residence: _____ sq.ft.; area used for home-based business: _____ sq.ft.

Size of accessory building: _____ sq.ft.; area used for home-based business: _____ sq.ft.

Maximum area of all proposed and existing signs: _____

Other than signs, what external evidence of a business is visible from outside the structure? _____

Are items stored outside? ____ If yes, is storage area currently screened from the road and other properties?

If yes, how? _____

Number of non-resident employees working on-site for the business: _____

Number of (non-resident) trips* the business is generating per day: _____

* A "round trip" is equal to two trips.

Is the business producing noise or obnoxious odors, vibrations, glare, or fumes detectable outside the structure in which the business occurs? _____

Attach a plot plan IF your business has changed since your initial application. The plot plan should be drawn to scale showing the property boundaries and dimensions, and the location of all improvements on the property. Improvements include, but are not limited to: the dwelling, shop, water supply, garage, barn, septic drainfield, septic tank, driveway, utilities, and easements. Identify the location of the home-based business. Label all tax lots.

Acknowledgments

Initial

_____ I am aware that any structural modification, addition, or change in occupancy of any building or any change to the electrical, plumbing or mechanical systems of any building, shall require plans review and/or building permits that need to be obtained from this Department.

_____ I declare that I am the owner, contract purchaser or lessee of the above noted premises; that the home-based business does not violate any deed restrictions attached to the property involved; that I have obtained all approvals and/or licenses related to the home-based business; and that the information contained herein is true and accurate to the best of my knowledge.

_____ I understand that if the Planning Official determines that a nuisance or abuse of an authorized and lawfully established home-based business exists, the Planning Official may direct the owner to correct the nuisance, relocate the use, or terminate use of the home-based business on the property.

_____ I recognize that this planning permit, if approved for this 2 year renewal, is valid for only the business as described in this application, and that any change in the character or the use requires a new application.

_____ I understand I am required to file a personal property return with the Benton County Assessment Department. (Contact the Assessment Dept. at 541-766-6855 for more information.)

_____ Owner/Contract Purchaser/Lessee Signature _____ Date

The Planning Official will approve or deny the renewal application based on Benton County Development Code criteria, sign the application, and mail a copy of the decision to the applicant.

This application for renewal is: approved / denied . Approval for this home-based business is subject to renewal each two-year anniversary of the original date of approval.	
_____	_____
Planning Official	Date
Date Renewal Approval/Denial Notification mailed to Applicant: _____	By: _____
Date Original Application was Approved: _____	Next Renewal Review Due: _____
Date Approval/Denial Notification e-mailed to Assessment: _____	By: _____

