

## **SANDOVAL COUNTY PLANNING & ZONING**

## **Business Clearance Letter**

(formerly Zoning Clearance Letter for Business License Application)

Date:		Check	one:	∐ New,	or	Renewa	l	
Property Owner Contact Informa	tion							
Printed Name:								
Mailing Address:								
Physical Address:								
Email:								
Phone Number:								
FOUR DIGIT NAICS CODE: N	AICS TITLE:							
The North American Industry Clas standard for classifying business e  UNIFORM PROPERTY CODE (UPC)	establishments. <u>1</u>	<u>Γhe 2017 Fou</u>	ır Digit N	AICS Cod	e and Tit	le are att	ached.	
APPLICANT SIGNATURE (Complet	e reverse page i	HOME OCC	UPATION	<u>//</u> )	Date			
STAFF USE ONLY: The above UPC	number is locate	ed in the follo	owing Zo	one:		-	STAM	>
PHYSICAL E911 ADDRESS   Initial I	box if above	<u>Physical</u> Add	ress not	within u	nincorpo	_ rated Sar	ndoval	County
P&Z GIS Signature				-	Date			
iWorQ Case Number [Code Enforce	cement]:							
Zoning / Code Enforcement Signature				-	Date			
P&Z Director Signature				-	Date			



## SANDOVAL COUNTY PLANNING & ZONING

## **Home Occupation Checklist**

"Home Occupation" means a business activity performed on the premises of a residence by one or more resident family members where such business activity is secondary and subordinate to the residential use of the premises. A Home Occupation shall have (a) no more than one non-resident employee on the premises at any given time, (b) no business traffic, vehicular or pedestrian, to the premises that exceeds traffic customary for a single-family residence, (c) no business equipment and/or supplies visible from outside the lot lines of the residence, (d) no noise or other forms of trespass associated with the business that exceeds that normally associated with a residence, and (e) no more than one non-illuminated sign of not more than four (4) square feet in face area.

SANDOVAL COUNTY COMPREHENSIVE ZONING ORDINANCE (SECTION 6.37) Please initial No or Yes to the following questions. Will your business be the primary or most important use on the premises? No \_\_\_\_\_ Yes \_\_\_\_ If answered "Yes" please explain below: Will there be more than one non-resident employee on the premises any given time? No \_\_\_\_\_ Yes\_\_\_\_ If answered "Yes", please explain below: No \_\_\_\_ Yes\_ Will business traffic to and from the premises exceed what is customary for a residence? If answered "Yes", please explain below: No \_\_\_\_ Yes\_\_\_\_ Will there be business equipment and/or supplies visible from outside the residence? If answered "Yes", please explain below: Will there be noise or trespassing exceeding what is a normally associated with a residence? No Yes If answered "Yes", please explain below: Will there be more than one non-illuminated sign of four square feet maximum face area? No \_\_\_\_ Yes\_\_\_\_ If answered "Yes", please explain below: By signing my name on this Home Occupation Checklist, I am verifying that my answers to the questions above, and any explanations provided, are true and accurate. I acknowledge the business activity I am performing at my residence is permissive as per the Comprehensive Zoning Ordinance of Sandoval County. It is my responsibility to report any change in activity, location, or status. Printed Name: **Physical Address:** (of Home Occupation)

**APPLICANT SIGNATURE** (Complete reverse page.)

Date