



HOME OCCUPATION PERMIT APPLICATION

Teton County, Idaho

The planning staff is available to discuss this application and answer questions. Once a complete application is received, it will be reviewed by the Planning Administrator or his designee and a determination will be made regarding compliance with County Ordinances. It is recommended that the applicant review Title 8 of the Teton County Code (8-4-7) Application materials may be viewed on the Teton County Idaho website at www.tetoncountyidaho.gov.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner: _____

Applicant: _____ E-mail : _____

Phone: () _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location and Zoning District:

Address: _____ Parcel Number: _____

Section: _____ Township: _____ Range: _____ Total Acreage: _____

Zoning District: _____ Occupation Type: _____

Brief Description of Operations: _____

- Latest Recorded Deed to the Property
- Application Fee in accordance with the current Fee Schedule
- Affidavit of Legal Interest
- Taxes are paid to date

I, the undersigned, have reviewed the attached information and found it to be correct. I also understand that the items listed below are required for my application to be considered complete and for it to be scheduled on the agenda for the Board of County Commissioners public hearing.

- Applicant Signature: _____ Date: _____
- Owner Signature: _____ Date: _____

THE FOLLOWING PERFORMANCE STANDARDS WILL BE USED TO EVALUATE THIS APPLICATION. PLEASE ANSWER EACH QUESTION COMPLETELY USING A SEPARATE PAGE IF NECESSARY. PLEASE REFER TO THE TETON COUNTY ZONING ORDINANCE, TITLE 8-4-7 FOR ADDITIONAL INFORMATION.

1. Is the use in compliance with performance standards of Teton County Zoning Ordinance (Title 8)?

2. Does the display of any goods, wares, etc. comply with requirements? ___
3. Has the residence received a Certificate of Occupancy? ___ Date Issued ____.....
4. Will customers or clients visit the home? _ If so, how many per day and during what hours? ___...
5. Will there be deliveries to the home? ___ If so, how many per week and during what hours?_____
6. Will there be any employees that are not a resident of the dwelling? _____ How many? _____
7. How many dwelling units are on the parcel? _____
8. Will there be any health/safety factors to consider? ...____
If yes, please describe: _
How will these issues be addressed? _____
9. Will there be any outdoor lighting? If so, please describe how it will meet the County's Outdoor Lighting Standards. _____
10. Will there be any manufacturing? _____
If so, will it be done with automated equipment? _
11. What is the square footage of the primary or dwelling unit? _____
12. What is the square footage of the area to be used? (shall not exceed 1/3 of the dwelling) _____
13. Will there be a need/provision for off street parking? _____
If yes, how many spots will be needed? _____ How will this parking be provided? _.
14. Will there be a need/provision for outdoor storage? _____
If yes, please describe _
15. Will there be any retail sales on the premises?___ If so then please describe_
16. Will there be any signage on the premises? _____ If so, then describe. _____
17. What is the expected effect on the traffic to and from the residence? _____
18. Will there be any vehicles used in the operation of the occupation? _____
Please describe. _

Reviewed by: _____ **Date:** _____

_____ **Approved** _____ **Denied**

Additional Comments: _____

This permit is valid for two (2) years from the date of issuance. A permit may be renewed for an additional two (2) years with the submittal of the renewal application. There is no limit to the number of renewal permits requested.