



CITY OF NEWCASTLE  
COMMUNITY DEVELOPMENT

13020 NEWCASTLE WAY  
NEWCASTLE, WA 98059

T: 425.649.4444  
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## TYPE 1 HOME OCCUPATION APPLICATION

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ OWNERSHIP STATUS:  Individual  Partnership  Corporation

BUSINESS OWNERS/OFFICERS

TITLE

BUSINESS OWNERS/OFFICERS	TITLE

BUSINESS TYPE

DESCRIPTION OF BUSINESS ACTIVITIES

NUMBER OF EMPLOYEES NOT LIVING AT THIS LOCATION: \_\_\_\_\_

BUSINESS FLOOR AREA (sq ft): \_\_\_\_\_

DWELLING FLOOR AREA (sq ft): \_\_\_\_\_

NUMBER OF CLIENT VISITS PER WEEK: \_\_\_\_\_

NUMBER OF DELIVERIES PER WEEK: \_\_\_\_\_

ANY EXTERIOR SIGNAGE?  Yes  No

EXTERIOR MATERIALS STORAGE?  Yes  No

STATE TAX #: \_\_\_\_\_ STATE CONTRACTOR'S LICENSE #: \_\_\_\_\_

Will alterations of your home be required?  Yes  No

### AGREEMENT

I HAVE READ AND UNDERSTAND THAT FAILURE TO COMPLY WITH THE HOME OCCUPATION REGULATIONS IS GROUNDS FOR IMMEDIATE REVOCATION OF THE HOME OCCUPATION PERMIT. I AGREE THAT MY HOME BUSINESS WILL BE CONDUCTED IN SUCH A MANNER THAT NONE OF THESE REGULATIONS WILL BE VIOLATED.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*Continued on next page*

**INSTRUCTIONS FOR HOME OCCUPATION PERMIT APPLICATION**

- Fill in all fields. Applications must be complete and signed
- If this is a new business, permit is due upon opening
- Owners must notify City Hall of any business changes, such as address, nature of business, etc.

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**OFFICE USE ONLY**

HOME OCCUPATION PERMIT #: \_\_\_\_\_

**Building/Fire Approval**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Planning Approval**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_