



TOWN OF SEVERANCE

3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546
PHONE: (970) 686-1218 FAX: (970) 686-6250

APPLICATION FOR HOME-BASED BUSINESS PERMIT

FEE: \$250

(TYPE OR PRINT CLEARLY)

Business Name: _____

Business Location: _____

Name of Property Owner(s): _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Type of Business: _____

Description of Proposed Home-Based Business – include type of products sold and services provided:

Total Sq. Footage of Home: _____ 1st Floor: _____ 2nd Floor: _____ Basement: _____

Square Footage of Area to be Used for Home-Based Business: _____

Square Footage of accessory building to be used in Home-Based Business _____

Will There Be Outdoor Activities? **YES** **NO**

If Yes, Please Describe: _____

Hours of Operation: _____

Number of Employees on Premises (Includes Owner/Employed Family Members): _____

Number of Employee/Company Vehicles on Premises (Includes Owner/ Employed Family): _____



Please Describe Employee/Company Vehicle Impact on Neighborhood: _____

Number of Anticipated Clients: Daily _____ Weekly _____ Monthly _____
(if daycare, include own children/adults)

Please Describe Available Parking: _____

Will Deliveries Be Made to This Location? **YES** **NO**

If Yes, Please Describe: _____

I declare, under the penalty of perjury, that this application has been examined by me and to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____

Printed Name: _____

Title: _____

Date: _____

TOWN USE ONLY BELOW THIS POINT

Public Hearing Date _____

Public Hearing Notification of Surrounding Property Owners within 500 feet (15 days prior to Hearing)

Decision _____

Date of Decision _____