



**TOWN OF SEVERANCE**

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

**CHECKLIST FOR HOME-BASED BUSINESS PERMIT**

**Please fill out and return to the Town Clerk, PO Box 339, Severance CO 80546**

Business Name: \_\_\_\_\_  
Name of Property Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Location Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Circle Answer

- |   |       |       |
|---|-------|-------|
| 1. Do you have any employees that come to your residence?   | Yes   | No    |
| 2. Does your business operation exceed 1,000 square feet or 30% of the floor area of the dwelling?  | Yes   | No    |
| 3. Is your business operation located in an accessory building?   | Yes   | No    |
| If so, does it exceed 500 square feet?  | Yes   | No    |
| 4. Is your dwelling used primarily for business?  | Yes   | No    |
| 5. Does your business operation change the residential character of the dwelling?   | Yes   | No    |
| 6. Is there any change in the outside appearance of the building or premises or any visible sign of a home-based business?                                    | Yes   | No    |
| 7. Are you displaying or plan to display any type of advertising sign at your business?   | Yes   | No    |
| 8. Do you have any exterior storage on your property for equipment or materials for your business?  | Yes   | No    |
| 9. Does your business operation create any noise, glare, fumes, odors or other objectionable conditions detectable to the normal senses outside the dwelling? | Yes   | No    |
| 10. Do any exterior aspects of your business operation disrupt the residential character of the area?   | Yes   | No    |
| 11. Do you have customers/clients who come to your residence?   | Yes   | No    |
| 12. If so how many customers/clients come to your residence?  | _____ | _____ |
| 13. If so how many times a day do you have customers/clients come to your residence?  | _____ | _____ |
| 14. Is parking available?   | Yes   | No    |
| If so, how many spaces and where?   |       |       |



The following uses, because of their tendency to go beyond the limits permitted for home-business and thereby impair the use and value of the residential area, are NOT permitted as home-based businesses:

- Medical Marijuana Center
- Medical Marijuana optional premises cultivation operation
- Medical Marijuana-infused Products manufacturing
- Auto Repair or Motorized Implement Repair
- Dance, Music or other types of instruction (if more than 4 students are instructed at one time)
- Painting of vehicles, trailers or boats
- Welding Shops
- Nursing Homes
- Any retail or wholesale sales to consumers upon the premises not incidental to the home-based business (example: hair care products at a hair salon)

**FOR ADMINISTRATIVE USE**

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**Business Classification**

- \_\_\_\_\_ Home-Based Business Type I  
\_\_\_\_\_ Home- Based Business Type II

**Additional Home- Based Business Type II Required Documents**

- \_\_\_\_\_ Proof of Ownership  
\_\_\_\_\_ Aerial Image  
\_\_\_\_\_ Site Plan (Access & Exit Points Indicated)  
\_\_\_\_\_ Mailing Labels & Stamped Envelopes (250 Ft. Radius)