



Fremont County  
 Planning & Building Department  
 125 North Bridge St. Suite 1  
 St. Anthony ID 83445  
 (208)624-4643 Office  
 (208)624-1320 Fax

**CLASS I PERMIT (Chapter III (B) (1) (C) )**

**HOME OCCUPATION**

Proper fee \$210 for Home Occupation Permit

Permit # \_\_\_\_\_

RA: \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMITTALS:**

The review process will require 7-10 working days. All information called for on this form shall be required for a complete application and no incomplete application will begin the review process.

**APPENDIX I - DETAILED PERFORMANCE STANDARDS FOR HOME OCCUPATIONS**

**1. Purpose.** These performance standards will permit limited commercial activity in residential areas, while assuring that such activity does not diminish the residential character of the neighborhood. Approval of a home occupation does not change any requirement of this ordinance that is applicable to the dwelling to which it is accessory.

**2. Maximum Floor Area.** Home occupations may be located within dwellings or accessory buildings, but no home occupation shall occupy a floor area larger than that of the dwelling to which it is accessory.

**3. Nonresident Employees.** No home occupation shall have more than one employee who is not a member of the resident family.

**4. Off-Street Parking.** Home occupations shall provide off-street parking for all employees and any vehicles associated with the home occupation compliance with the requirements of Appendix J of the Fremont County Development Code

**5. Outdoor Storage.** The storage of any materials or solid waste associated with a home occupation shall be:

- a. within an enclosed structure
- b. within an area that is effectively screened from public view.

**6. Signs.** Home occupations shall display only the following signs:

- a. one non-illuminated wall sign of no more than six square feet, and
- b. one non-illuminated on-site directional sign of no more than four square feet.

**7. Residential Care Facilities.**

- a. To qualify as a home occupation, a residential care facility must have eight or fewer residents and two or fewer resident staff.
- b. Residential care for the elderly, children's institutions, as defined by the Child Care Licensing Reform Act and similar home occupations shall be certified or licensed as required by law.

**DETAILED LETTER** by applicant explaining the Home Occupation application.

**SCALED SITE PLAN** showing all structures and the items noted below:

Number each sign (both existing and proposed) and note the exact location on the site plan.  
 Provide the dimension from each sign to front property line and the closet side property line.  
 Show the right of way location as well as the property lines.

**Scale and dimensioned sign elevations of any proposed signs.**

**Scale and dimensioned building elevations of any walls where signs will be placed.**

**Floor Area** \_\_\_\_\_

**How many employees will be working in this Business.** \_\_\_\_\_

**What types of traffic will this generate?** \_\_\_\_\_

**Can you provide a parking and unloading area for your business?** \_\_\_\_\_

**Warranty Deed.**

**CONTINUE APPLICATION ON REVERSE SIDE →**

**SITE INFORMATION:**

Location: Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acres \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Site Address (will be issued when Bldg Permit is applied for) \_\_\_\_\_  
Tax Parcel Number(s): \_\_\_\_\_ District \_\_\_\_\_ Assessor's Categories \_\_\_\_\_

**OWNERS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

I consent to this application and allow Planning & Building staff to enter the property for site inspections related to this application

I certify information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature: (Owner) Date

\_\_\_\_\_  
Signature: (Applicant) Date

**OFFICE USE ONLY**

**Conditions of Approval:** \_\_\_\_\_

<b>PERMIT:</b>	<b>RECEIVED BY:</b>	<b>DATE:</b>
<b>PERMIT APPROVED BY:</b>	<b>DATE:</b>	
<b>COMMENTS:</b>		

**SITE PLAN**

