CITY OF VALDEZ
HOME OCCUPATION PERMIT APPLICATION

Name of Business: ________________________________

Owner/Agent: ________________________________

Mailing Address: _____________________________ Phone Number: _____________________________

Street Address: _______________________________

Is this your primary residence? Yes □ No □

Legal Description: Lot ___ Block ___ Subdivision __________________________

A Home Occupation permit is subject to compliance with Chapter 17.48.060 and Ordinance 98-03 of the Valdez Municipal Code

Business Category (check one)

☐ Art studio
☐ Music teacher
☐ Tailor, dressmaker
☐ Bed and breakfast
☐ Barbershop or beauty shop
☐ Office for: _____________________________
☐ Other (please describe) __________________________

Business Description: __________________________

____________________________________________

Number of employees, other than yourself, employed by your business that do not live at the location of the home occupation ______

Total square footage of dwelling unit ______

Floor area to be used by your home occupation ______

Total number of off-street parking spaces located at the dwelling unit ______

Do you have a sign advertising your business? Yes □ No □

BED AND BREAKFAST APPLICANTS ONLY:

Total number of bedrooms to be utilized as bed and breakfast rental rooms ______

Total number of occupants in dwelling unit, including full time residents, assuming bed and breakfast filled to maximum capacity ______

____________________________________________

Initial ___ I HAVE READ AND UNDERSTAND THE HOME OCCUPATION PERMIT REGULATIONS PER VMC 17.48.060 AND AGREE TO ABIDE BY THESE REGULATIONS

Initial ___ I UNDERSTAND THAT VIOLATION OF THESE REGULATIONS MAY RESULT IN REVOCATION OF THE HOME OCCUPATION PERMIT

Signature _____________________________ Date: _____________________________

City of Valdez Planning Department PO Box 307, Valdez, Alaska 99686 Phone: (907) 834-3401 Fax: (907) 834-3420

OFFICE USE ONLY:
Bed and breakfast life safety inspection approval _____________________________

Revised 4/1/2019