



SPECIAL HOME OCCUPATION PERMIT APPLICATION

Name of Business	
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Please submit additional detail to accompany your application for a Home Occupation business License Application if your business is:

1. AUTOMOBILE REPAIR AND REBUILD
2. PERSONAL SERVICE SHOP
3. MUSIC AND DANCING STUDIO
4. DAY CARE II
5. ONLY MEETS 8 OR 9 OF THE 10 REQUIREMENTS
(per A.M.C. 22.45.020)

1. What is the specific use you wish to develop on this property?

2. Provide details of how you propose to conduct your business so that it will not detract from the residential nature of your neighborhood:

3. Provide detailed information for City review on any one of the 10 requirements listed in A.M.C. 22.45.020 which you cannot meet. A yes answer to any of the 10 questions on the Business License Application indicates you cannot meet the code provisions and must be explained

(attach additional sheets as needed)

4. Do you feel that this request is in the best interests of the residents of Algona? If so, why?:

5. Is there a real need in this community for your request? If so, please specify the need:

6. The proposed use conforms generally to the city's Comprehensive Plan and the intent of the zone. If 'No', please explain:

7. Please explain why the uses requested would be compatible with and not detrimental to nearby affected properties or their occupants:

Building permit application, if building is contemplated, should be completed and attached. All drawings called for on the building permit application must be submitted **EXCEPT** the building plans for approval. Should this application not be in connection with a building permit submit a drawing, to scale with dimensions showing property lines, streets or roads, location of existing buildings, distances to property lines and buildings on adjoining property. If parking is involved, show details of how it will be handled.

AFFIDAVIT

I, _____, being duly sworn, declare that I am the owner of property involved in this application and that all statements, answers and information herein submitted are in all respects true and correct to the best of my knowledge and belief.

Name					
Address					
City		State		Zip	

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for the State of Washington residing at:

FOR OFFICIAL USE ONLY:

Amount Paid		Receipt #		Date	
Public Hearing Held		Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Date					

PROPERTY OWNERS WITHIN THREE HUNDRED (300) FEET OF PERIMETER OF PROPERTY PROPOSED FOR CONDITIONAL USE SHALL BE LISTED BELOW, COMPLETE WITH NAME, ADDRESS, CITY, STATE AND ZIP CODE. THIS INFORMATION MAY BE OBTAINED FROM THE KING COUNTY DEPARTMENT OF ASSESSMENTS 206-296-7300. PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED.

Name					
Address					
City		State		Zip	

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