WOLF POINT PLANNING DEPARTMENT

ZONING PERMIT: HOME OCCUPATION

201 4th Avenue South
Wolf Point, MT 59201
(406) 653.1852
wppublicworks@nemont.net

Application # _____ *(staff use only)* Submittal Date _____ *(staff use only)*

APPLICANT

Applicant Name _____ Applicant Address _____

Applicant Phone _____ Applicant Email _____

Property Owner *(if different)* _____ Owner's Email *(or phone #)* _____

Business Name _____ Business License # *(if applicable)* _____

PROPERTY *(request assistance from Planning Department if needed)*

Physical Address _____

Lot _____ Block _____ Section _____ Township _____ Range _____

Subdivision Name *(if applicable)* _____ Business Name *(if applicable)* _____

PROPERTY USE *(include a narrative description in your submittal if not sufficiently described below)*

Existing Use _____ Existing Zoning District _____

Proposed Home Occupation _____

Your initial below indicates the following criteria *(of the City's Zoning Regs)* have been met for your project:

_____ 1. The use of the home for a business shall be clearly incidental and secondary to the use of the dwelling unit for residential purposes.

_____ 2. No more than 25% of the dwelling's gross floor area may be used for the business. Identify:

Total Square Feet of Home _____ Square Feet Used for Business _____

_____ 3. The business will be carried on internally only. There shall be no exterior storage of materials or other exterior indication of the home occupation or variation from the residential character of the dwelling.

_____ 4. There shall be no offensive noise, vibration, smoke, dust, odor, heat or glare produced by the business.

_____ 5. There shall be not more than one non-immediate family member employed as part of the business.

_____ 6. Exterior signage shall be limited to one unlit sign not exceeding two (2) square feet in size located on the subject property.

Note Barbershops, Restaurants, Commercial Stables and Kennels, Doctors, Dentists and Plumbers are not permitted home occupations in the City of Wolf Point.

(continue to back page for additional information)

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SUBMITTALS

☐ Application ☐ Review Fee

APPLICANT AGREEMENT

*Application fees are nonrefundable. Incomplete applications will be returned to the applicant. The undersigned declares the above provided information is true and accurate, and that failure to provide accurate information may result in rejection of this application and/or possible revocation of the permit where wrongfully issued. *NOTE* This permit shall be void if the home occupation is not started within 90 days. Your signature below indicates that you understand these requirements and restrictions.*

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

(required if different from applicant)

STAFF USE ONLY

Date of Action on Application _____

Date Filed _____ Date Paid _____ Amount Paid _____

If waiver or fee adjustment was given, note details below: _____

Administrator Decision: Denied ☐ Approved ☐ Approved with Conditions *(see below)* ☐

If the permit is approved with conditions, note all prescribed conditions below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

If the permit is denied, note the justification below:

_____

Zoning Administrator Signature _____ Date _____