

**CITY OF CASHMERE**

101 Woodring Street

Cashmere, Washington 98815

Phone (509) 782-3513 Fax (509) 782-2840

APPLICATION DATE _____
RECEIPT NO. _____
RECEIVED BY _____
GROUP: <input type="checkbox"/> A _____ <input type="checkbox"/> B _____

**CONDITIONAL USE PERMIT APPLICATION  
HOME OCCUPATION**

GROUP A FEE: N/A
GROUP B FEE: \$250.00

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Property Legal Description (may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Zoning: \_\_\_\_\_ Type of business: \_\_\_\_\_

Number of square feet living space used for the home occupation \_\_\_\_\_

Will the home occupation utilize more than twenty percent (20%) of the interior of the dwelling? \_\_\_\_\_

Will the home occupation be a secondary use of the home? \_\_\_\_\_

Will customers come to your home to receive goods or services? \_\_\_\_\_

Will others not in the immediate family be engaged in the home occupation? \_\_\_\_\_ How many? \_\_\_\_\_

What advertising will you do? \_\_\_\_\_

(Sign permit required under Section 17.72.050 CMC)

Will stock for sale or stored exceed 25% of the total home occupation area? \_\_\_\_\_

Would materials or equipment used in the home occupation create loud noises, dust, smoke, odors, radio and television interference, or other detriments to the residential setting? \_\_\_\_\_

Describe: \_\_\_\_\_

Describe parking to be used: \_\_\_\_\_

\_\_\_\_\_

**I have answered all questions to the best of my knowledge and understand that if not answered truthfully my permit, if granted may later be revoked. I understand that the \$125.00 fee is non-returnable.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**