



## HOME OCCUPATION INFORMATION

### WHAT IS A HOME OCCUPATION?

Any business use that is clearly incidental and secondary to the use of the property for residential purposes.

### THE PROCESS

After a completed Home Occupation application is submitted, it will be sent out for review to local and State agencies. The Hearings Examiner will review all the information submitted and the application will either be approved with conditions and the use will be allowed on the property or the application will be denied and the use will not be allowed.

### CRITERIA FOR APPROVAL

All home occupations that meet the following criteria are allowed within a legally existing dwelling upon issuance of a home occupation permit:

- a) There must be a dwelling unit on the parcel, and a proprietor of the home occupation must reside in the dwelling unit.
- b) No more than two (2) non-resident persons, whether they work on site or not, may be employed by, or be partners or shareholders in the home occupation.
- c) The total area for all home occupations on the premises, including all storage spaces used for such home occupations, shall not occupy more than the lesser of: (i) thirty (30) percent of the dwelling unit's floor area and any attached garage; or (ii) six hundred (600) square feet within a dwelling unit or attached garage.
- d) No more than one (1) non-illuminating sign, with a maximum area of four (4) square feet, extending a maximum height of six (6) feet above grade, shall be permitted in connection with a home occupation. The posting of such sign is limited to the parcel on which the home occupation is located. On-street (inside the road right-of-way) sign posting and any sign posting that interferes with the line-of-sight for road intersections are prohibited.
- e) Noise, lighting, dust, smoke and other potential off-site impacts of the home occupation shall be controlled as follows: noise shall not exceed sixty-five (65) decibels at any property line; smoke, spray, airborne dust, noxious odors or other lights must be hooded to illuminate downward and minimize the impact to adjacent properties; interference with neighborhood radio, TV, or phone reception and transmission shall not occur.
- f) Only one (1) vehicle marked to identify the home occupation is allowed on the parcel at any one time, excluding vehicles parked within an enclosed structure. No other on-site, outside storage of vehicles, equipment, and/or supplies (including building materials and equipment such as lumber, plasterboard, pip, paint, and heavy equipment) is allowed in connection with a home occupation.
- g) Once a home occupation permit is issued, the Benton County Fire Marshal may require that the parcel be placed on the Fire Marshal's Annual Inspection List.

The following uses are not allowed under a home occupation permit: repair, bodywork, or painting services on vehicles, boats, trailers or heavy equipment; cabinet and mill work; veterinary clinic or hospital; appliance repair; machine or sheet metal shop.

### APPEALS

Home Occupation decisions made by the Planning Administrator are appealable under the terms and conditions as set forth in BCC 11.49.070.

### EXPIRATION

If a home occupation permit is issued, it is valid only for the applicant and is non-transferable; nor shall it be valid at any other address other than the one that appears on the permit.

Any information submitted to the Benton County Planning Division is subject to public records disclosure law for the State of Washington (RCW Chapter 42.56) and all other applicable law that may require the release of the documents to the public.



## HOME OCCUPATION CHECKLIST

Applicant   Staff

- |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Completed Home Occupation Application</b> – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Floor Plan Map</b> – Showing the location of the Home Occupation within the dwelling and the square footage of the area (including all storage areas). Additionally, the map must be drawn to scale showing the dimensions of the property, location and size of all existing and proposed structures, access to the site, adjacent roads, well, septic system, easements, and parking areas. <i>No site plans larger than 11" x 17" and only maps drawn in <b>black ink</b> will be accepted.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$100.00 Home Occupation Permit Fee</b> – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the <b>Benton County Treasurer</b> . All application fees are non-refundable.                                                                                                                                                                                                                                                                 |

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Division.

Please contact the following departments/agencies to ensure your proposal will be in compliance with their regulations:

- **Benton-Franklin Health District**  
7102 W. Okanogan Place, Kennewick, WA 99336  
(509) 460-4205
- **Benton County Building Division/ Fire Marshal**  
102206 East Wiser Parkway, Kennewick, WA 99338  
(509) 735-3500



## HOME OCCUPATION PERMIT APPLICATION

File No. \_\_\_\_\_

### APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

☐ **Applicant/Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Property Owner(s)** (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If there are additional owners please copy this section, sign, and attach to the application*

***If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.***

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### ENTITY SIGNATURE BLOCK

**Applicant/Legal Owner:** \_\_\_\_\_

Officer name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE SIGNED OFFICER OF \_\_\_\_\_ (name of entity)

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO PERMIT \_\_\_\_\_ (name of applicant) TO SUBMIT THIS APPLICATION AND THAT THE

ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

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1. Parcel number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Acres: \_\_\_\_\_

2. Describe the proposed business/activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will the project be conducted entirely inside of a building? ☐ Yes ☐ No

If no, explain what outdoor activities would occur: \_\_\_\_\_

4. What is the total area of the dwelling? \_\_\_\_\_sq. ft.

5. What is the total area, including storage that will be used by the HO? \_\_\_\_\_sq. ft.

6. Does one of the proprietors live in the residence on site? ☐ Yes ☐ No

7. Will there be any retail sales in association with the HO? ☐ Yes ☐ No (Requires additional permitting)

8. Total number of employees (who do not live on site)? \_\_\_\_\_

9. Proposed days and hours of operation (including employee hours)?

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

a) Will the operation be seasonal? Months of operation: \_\_\_\_\_

10. Describe any noise, vibration, glare, fumes, odors, electrical interference or other impacts that will be produced by the business operation: \_\_\_\_\_  
\_\_\_\_\_

11. Will you have a sign? ☐ Yes ☐ No

If yes, please answer the following and **attach a drawing** of the proposed signage

a) Number of sign(s)? \_\_\_\_\_ Will the sign(s) be illuminated? ☐ Yes ☐ No

b) Height of sign(s)? \_\_\_\_\_

c) Dimensions of sign(s)? \_\_\_\_\_

d) Location of sign(s)? \_\_\_\_\_

12. How many vehicles will be labeled to identify the business? \_\_\_\_\_

13. How many parking spaces will be provided? Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_ Surface Type: \_\_\_\_\_

14. Will you have deliveries by vehicles exceeding 11,000 pounds GVW? ☐ Yes ☐ No

15. What is the name of the access road to the property? \_\_\_\_\_

a) Is the road a: ☐ County Road ☐ State Highway ☐ Private Road

b) Is the road constructed out of: ☐ Pavement ☐ Gravel

IF FURTHER EXPLANATION IS NEEDED FOR ANY OF THE QUESTIONS PLEASE ATTACH ADDITIONAL PAGES.

|                                 |                  |                                |
|---------------------------------|------------------|--------------------------------|
| <b>(FOR STAFF USE ONLY)</b>     | Access: Y      N | Application Complete: Y      N |
| Critical Areas: N      Y: _____ | Zoning: _____    |                                |
| Reviewed by: _____              | Date: _____      |                                |

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