



SANDOVAL COUNTY PLANNING & ZONING

Home Occupation Checklist

"Home Occupation" means a business activity performed on the premises of a residence by one or more resident family members where such business activity is secondary and subordinate to the residential use of the premises. A Home Occupation shall have (a) no more than one non-resident employee on the premises at any given time, (b) no business traffic, vehicular or pedestrian, to the premises that exceeds traffic customary for a single-family residence, (c) no business equipment and/or supplies visible from outside the lot lines of the residence, (d) no noise or other forms of trespass associated with the business that exceeds that normally associated with a residence, and (e) no more than one non-illuminated sign of not more than four (4) square feet in face area.

SANDOVAL COUNTY COMPREHENSIVE ZONING ORDINANCE (SECTION 6.37)

Please initial No or Yes to the following questions.

Will your business be the primary or most important use on the premises? No ___ Yes ___
If answered "Yes" please explain below:

Will there be more than one non-resident employee on the premises any given time? No ___ Yes ___
If answered "Yes", please explain below:

Will business traffic to and from the premises exceed what is customary for a residence? No ___ Yes ___
If answered "Yes", please explain below:

Will there be business equipment and/or supplies visible from outside the residence? No ___ Yes ___
If answered "Yes", please explain below:

Will there be noise or trespassing exceeding what is a normally associated with a residence? No ___ Yes ___
If answered "Yes", please explain below:

Will there be more than one non-illuminated sign of four square feet maximum face area? No ___ Yes ___
If answered "Yes", please explain below:

By signing my name on this Home Occupation Checklist, I am verifying that my answers to the questions above, and any explanations provided, are true and accurate. I acknowledge the business activity I am performing at my residence is permissive as per the Comprehensive Zoning Ordinance of Sandoval County. It is my responsibility to report any change in activity, location, or status.

Printed Name: _____

Physical Address: _____
(of Home Occupation)

APPLICANT SIGNATURE (Complete reverse page.)

Date