SUPPLEMENTAL APPLICATION
HOME BUSINESS

Kitsap County Code (KCC) is available online at: http://www.codepublishing.com/wa/kitsapcounty/. For zoning regulations go to KCC Title 17 Zoning. For regulations on Home Business Permits go to KCC 17.381.060.B.1.

NOTE: This permit type requires a Submittal Appointment. When you have assembled all required submittal items, please call (360)337-5777 to schedule your Permit Submittal Appointment.

Check all that apply:
☐ Business within residence
☐ Business within accessory building
☐ Any portion of business located outside

Applicant Name: ___________________________ Assessor Tax Parcel #: ___________________________

Project Name: ___________________________

Section 1 – General Information
Indicate if the Home Business meets the criteria for Moderate or Minor Home Business as defined in KCC 17.381.060 (b and c)

☐ Minor Home Business Permit Application
☐ Moderate Home Business Permit Application

Description of Proposed Use and associated activities, business history, and general traffic associated with project (attach additional information if necessary, using header “Proposed Use – Continued”):
______________________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________________

Section 2 – Project Details
Property Owner: ___________________________
Business Owner: ___________________________
Occupants of Residence: ___________________________
Number of business proprietors (owners): __________
Name of proprietors: ___________________________
Number of business proprietors that occupy the residence: ___________________________
Number of household members other than proprietors that are employees: ___________________________
Number of other employees: ___________________________
Total number of employees, including proprietors: _________________________
Total number of employees that work on-site: _________________________
Square footage of gross floor area of residence: _________________________
Square footage devoted to business use within the residence: _________________________
Business use percentage of gross floor area of residence: _________________________
Square footage of gross floor area of accessory building used in business: _________________________
Square footage devoted to business use within an accessory building: _________________________
Business use percentage of gross floor area of accessory building: _________________________

Is any outside business use and/or storage proposed?

☐ Yes. If yes, number of square feet (show business / storage location on site plan) _____________
☐ No

Number of off-street parking spaces: Residential: _______________
Number of off-street parking spaces: Business: Employees: _______________ Customers _______________

How will customers or clients make contact with the home business activities, check all that apply:

☐ Phone
☐ On-site drop-in
☐ On-site by appointment

Days of operation (check all that apply):

Hours of operation (if it varies for different days, specify the hours for each day):
____________________________________________________________

Proposed business sign?

☐ Yes. If yes, number of square feet (show sign location on the site plan) _____________
☐ No

Has the property been logged in the past six (6) years?

☐ Yes. If yes, Forest Practice Application Number:_________________
☐ No

If your project site will be logged, a Forest Practice Application must be obtained from Kitsap County and issued by the Department of Natural Resources prior to logging. The Kitsap County Forest Practices Administrator may be reached at (360) 337-5777.

Section 3 – Narrative Project Support

All of the following MUST be answered (additional information may be attached, using header of Narrative Project Support):

A. Explain, in detail, the business activities which will take place on a daily and/or periodic basis.

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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
B. Explain how the proposed home business will be compatible with the residential uses permitted in the surrounding zone.

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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

C. What measures (e.g., fences, planting/landscape features, berms, screening, etc.) will be taken to ensure compatibility with the residential uses permitted in the surrounding zone.

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________________________________________________________________________________
________________________________________________________________________________

D. If work is done off-site, explain where and what type of activities takes place.

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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

E. Explain, in detail, any products that will be sold on the premises, and if so, whether they will be processed, produced or assembled on said premises.

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________________________________________________________________________________
________________________________________________________________________________

F. Indicate any activities which will require outdoor or exterior display, outdoor storage of material or equipment, or which will cause any noise, vibration, smoke, dust, odor, heat, or glare.

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