



Home Occupation Permit Application
MMC 17.44.090

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

FAX: _____ EMAIL: _____

STATUS OF APPLICANT:

_____ Owner _____ Renter (requires written permission from property owner)

NAME OF BUSINESS: _____

DESCRIPTION OF BUSINESS: _____

Please check all conditions that apply:

- The Home Occupation does not have more than 1 unrelated non resident employee
- The Home Occupation does not occupy more than 40% of the principal structure
- The Home Occupation will use existing parking and will not expand or create addition parking
- The Home Occupation will not have more than 3 additional deliveries/pick-ups beyond regular postal services
- The home Occupation will comply with all other performance standards identified in MMC 17.44.090

**Please return your completed Home Occupation Permit Application to:
Milton City Hall, Community Development Dept., Bldg. C, 1000 Laurel Street, Milton, WA 98354**

SIGNATURE: _____ DATE: _____