



**HOME OCCUPATION SUPPLEMENTAL APPLICATION**

**CITY OF BULLHEAD CITY**

Office Location: 2355 Trane Road  
(928) 763-0110 - Fax (928) 763-8828

**Mail to:**

Bullhead City Finance Department  
PO Box 23189  
Bullhead City, AZ 86439-3189

<b>Permit Number:</b>		<b>Date Received:</b>	
<b>Business Name:</b>			
<b>Property Address:</b>			
<b>Assessor Parcel Number:</b>			
<b>Applicant/Contact:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>		<b>Email Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Property Owner:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>		<b>Email Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

**Provide a brief description of the home occupation proposed:**

I hereby declare that, in the conduct of my home occupation at the above address, I will comply with the requirements pertaining to such occupations as set forth in Sections 17.04.400 and 17.06.290 of the Bullhead City Municipal Code. A home occupation shall be deemed an accessory use to a residential use and shall be subject to the standards set forth below.

Please circle Y (yes) or N (no).

- Y / N Will your home occupation be conducted within the dwelling unit or accessory building and be clearly incidental to the use of the structure as a dwelling?
- Y / N Will there be any outdoor storage of equipment or supplies associated with your home occupation outside the dwelling?
- Y / N Will there be more than one commercial vehicle of a capacity of two tons or less, commercial excavating equipment, or a commercial vehicle of more than two tons parked on any lot associated with your home occupation?
- Y / N Will there be any display of products visible in any manner from the outside of the dwelling?
- Y / N Will there be any change in the outside appearance of your dwelling or premises or any visible evidence of the conduct of a home occupation?
- Y / N Will there be any advertising displays?
- Y / N Will there be a commercial telephone directory listing, newspaper, radio, or television services used to advertise the location of your home occupation?
- Y / N Will you have any one outside of your family employed in the conduct of your home occupation?
- Y / N Will your home occupation require additional off street parking spaces for clients or customers?
- Y / N Will any equipment or process be used in your home occupation that creates noise, vibration, glare, fumes, or odor detectable to the senses off the property?
- Y / N Will any equipment or process be used in your home occupation that creates visual or audible electrical interference in any radio or television receiver off the premises?
- Y / N Will there be any deliveries to your home that are not customary to a residence?
- Y / N Will the activity of your home occupation be limited to the hours between 7:00 am and 10:00 pm?
- Y / N Will your home occupation comply with other regulatory agency requirements?

**Please note that home occupations that sell commodities both on and off premises are required to obtain a sales tax license.**

By signing here I declare that I have read, understand, and agree to abide by the requirements set forth in Sections 17.04.400 and 17.06.290 of the Bullhead City Municipal Code as stated above.

**Applicant Name (Please Print):**

<b>Applicant Signature:</b>	<b>Date:</b>
(Office Use Only)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Planner's Signature:</b>	<b>Date:</b>