



**BASIC USE PERMIT HOME OCCUPATION SUPPLEMENTAL FORM**  
**Planning & Building Department**

150 East Pearl Ave. | ph: (307) 733-0440  
P.O. Box 1687 | [www.jacksonwy.gov](http://www.jacksonwy.gov)  
Jackson, WY 83001

This form is required for anyone operating a business out of a residential address. If the residence is owned by anyone other than the applicant, a Letter of Authorization is also required. Please fill out ALL fields; incomplete applications will not be processed

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Business Contact Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Provide a brief description of your business:  
\_\_\_\_\_  
\_\_\_\_\_

Is this business conducted by a person living within the residence?      Yes      No

Is anyone who does not live in the home employed to work within the residence?      Yes      No

Does the business operation occupy less than 25% of the total habitable floor area of the residence?      Yes      No

Will any signage for the business be displayed at the home?      Yes      No

Will you need to park vehicles on the property other than a personal vehicle?      Yes      No

Where is parking provided? \_\_\_\_\_

Will any equipment be stored at the residence?      Yes      No

If Yes, where will the equipment be stored? \_\_\_\_\_

Please refer to LDR Section 6.1.11.D for additional information and detailed regulations

Signature

Date