



## **BASIC USE PERMIT HOME OCCUPATION SUPPLMENTAL FORM**

### **Planning & Building Department**

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

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

\_\_\_\_\_  
\_\_\_\_\_