



Town of Jackson  
 Planning & Building Department Planning Division  
 150 E Pearl Avenue  
 PO Box 1687, Jackson, WY 83001  
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Date: \_\_\_\_\_

## BASIC USE PERMIT – HOME OCCUPATION SUPPLEMENTAL FORM

**This form is required for anyone with a residential business address**

**If the residence is owned by anyone other than applicant, a Letter of Authorization is also required**

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

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

Business Contact Information: (Please Print)

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

Phone #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Is this business conducted by a person living within the dwelling? Y/N

Provide a brief description of your business: *(REQUIRED)*:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is anyone residing off-premises employed on the premises of the home? Y/N

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

Is the home occupation less than 25% of the home's habitable floor area? Y/N

If yes, what is the square footage devoted to the home occupation? \_\_\_\_\_

Will any signage displayed be less than 2 square feet and attached to the home? Y/N

Will you ensure there is no window display or other public display of merchandise or material? Y/N

Will you need to park vehicles other than your personal vehicle? Y/N

Will you need to store equipment on site? Y/N

Where will this equipment be stored? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

