Print Form

COCHISE COUNTY
COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

Home Occupation Application

Applicant's Certification & Acknowledgement

By signing below, I certify that:

1. I am the Owner or authorized Agent of the Owner of the property being developed.
2. I am applying for the meetings/ review(s) indicated below.
3. I have read and understand the information provided in this Application Guide.
4. This application is complete and accurate to the best of my knowledge. Submission of false information may constitute fraud, and may be punishable by fine, imprisonment, or both pursuant to A.R.S. §13-2310.
5. I hereby request all inspections necessary to process this application, and if the permit is issued I request all inspections necessary to monitor progress, and document completion, at all stages of the work related to this permit.

By signing below, I acknowledge that:

6. Incomplete or inaccurate submittals by the Owner, Applicant or any other representative may result in delays, return of submittals, or denial of this application.
7. The submittal is subject to an administrative review of 10-business days (5-business days initial review, 5-business days resubmittal review) at which time I will receive written or electronic notice if the application is complete or, in the case of an incomplete application, a list of deficiencies that need to be corrected. An application will not pass the review for administrative completeness until all deficiencies have been corrected.
8. If the County does not issue a written or electronic notice of administrative completeness within the 10-business days, the application will be deemed administratively complete and the substantive review process begins.
9. The overall review time is 30-business days.
10. The substantive review process is 20-business days.

By signing below, I acknowledge that:

11. A complete response to any correspondence will be submitted to Cochise County for any subsequent reviews.

12. The Applicant or Agent will be sent written or electronic notice of a license approval or denial within the substantive review period.

13. All required permits must be obtained prior to any construction and that failure to obtain permits may result in fines or other penalties.

14. The Applicant or Agent is responsible for all changes and additional time required to correct plans and/or development as a result of differences between the proposed use and what is permitted in the zoning district in which the property lies.

15. The project review process and timeframe is suspended when a project triggers the requirement for an application for approval by an Outside Agency, the Planning and Zoning Commission, and/or the Board of Supervisors. If either the Planning and Zoning Commission or the Board of Supervisors approves the request contained in the application, then Community Development Department will resume the project review process. If the Board of Supervisors denies the request, then the Community Development Department will consider the project to be denied.

By signing below, I acknowledge that:

16. An appeal protesting any denial of an application may be made to Cochise County Community Development Department, Planning Division Deputy Director, Beverly Wilson, 1415 Melody Lane, Bldg. E. Bisbee, Arizona 85603. The appeal shall set forth all relevant facts pertaining to the denial, and must be in writing. It must be filed within ten-days from the date of the denial letter.

17. If the County does not issue to the Applicant the written or electronic notice granting or denying a license within the **overall** time frame or within the mutually agreed upon time frame extension, the county SHALL refund the Applicant all fees charged for reviewing the applications and SHALL excuse any fees not yet paid. The refund SHALL be made within 30-working days after the expiration of the agreed upon time frame pursuant A.R.S. § 11-1605(J).

Signature Date

Print Name/Firm Owner ☐ Agent ☐

Home Occupation Project Guide

Effective January 1, 2013

Submittal Review Timelines

Overall review time will be 30-business days.

Administrative Review:	**10-business days**	
1st review	**5-business days**	**Accepted or Notice of deficiencies**
2nd review	**5-business days**	**Acceptance or Denial Letter**
Substantive Review:	**20-business days**	
1st review	**10-business days**	**Approved or Correction Letter**
2nd review	**10-business days**	**Approved or Denial Letter**

(Business days are defined as complete 8-hour working days.)

REMINDER: The project review process and timeframe is suspended when a project triggers the requirement for approval by an Outside Agency, the Planning and Zoning Commission, and/or the Board of Supervisors. If either the Planning and Zoning Commission or the Board of Supervisors approves the request contained in the application, then the Community Development Department will resume the project review process. If the Board of Supervisors denies the request, then the Community Development Department will consider the project to be denied.

COMMUNITY DEVELOPMENT DEPARTMENT

Planning, Zoning and Building Safety

1415 Melody Lane, Bisbee, Arizona 85603

(520) 432-9240
Fax 432-9278

HOME OCCUPATION QUESTIONNAIRE

Please fill out this questionnaire completely. The Planning Department will review the questionnaire and respond by mail whether or not the proposed business/services fits within the home occupation provisions. No home occupation may be conducted without prior written approval from this Department.

Name of the Applicant(s) (PLEASE PRINT): _____
Name of the property owner if you are not the owner _____
(Letter of permission must be attached if the Applicant is not the property owner)
Mailing address _____
_____ Zip Code _____
Email address: _____
Address of the proposed use _____
(if different from mailing) _____ Zip Code _____
Phone Number: _____
Parcel Number* _____
**(Must provide parcel number for processing, it can be found on Tax Statement, also known as Tax Parcel I.D. Number)*

1. Describe the nature of the proposed home occupation, the activities that will take place, and the **primary** function for the proposed space. ***(Please use a separate sheet to provide us with any additional information that will help us better understand the nature of your business.)***

   _____

   _____

2. Where will the operation be performed:
   In a detached workshop, in the residence, or others _____
   A. Please indicate the total square footage of your residence _____
   B. Please indicate the total square footage of the area to be utilized _____
   (Please submit a conceptual drawing for the proposed space in relation to the residence, see sample drawing)

3. Will any persons other than the residents of the dwelling be employed in the conduct of the home occupation? _____ If so, how many? _____

4. Will anything outside of the residence or workshop (*other than one permitted, non-illuminated sign no larger than 4 square feet and vehicular signs*) indicate that a business is taking place?

   _____

5. Will any hazardous material be used for the business? _____
   If yes, please describe the material _____

6. Will any equipment, products or materials be stored outside? _____

7. Will any noise, vibrations, noxious odors, dust, heat, or glare related to the home occupation be detectable off-site? _____

8. Will the primary function of the occupation be the sale or rental of goods from the site? _____

9. Describe any traffic (vehicles per day or vehicles per week) you expect in addition to the traffic currently generated by residents. _____

10. How many on-site parking spaces are available in addition to those required by your personal vehicles? _____

11. Will the proposed use require the establishment of a new septic system? _____

12. Are any new accessory structures, such as a detached workshop, proposed for the home occupation? _____
Is the residence an existing structure, under construction, or proposed for construction? _____
Is any remodeling/reconstruction of an existing structure in excess of $1000 involved? _____
If yes to any of these questions, has a residential permit been applied for and approved? _____
Please indicate permit number and date approved: _____

It is the applicant's responsibility to obtain any additional permits, or meet any additional conditions, if any, that may be applicable to the proposed activity pursuant to other federal, state or local laws or regulations.

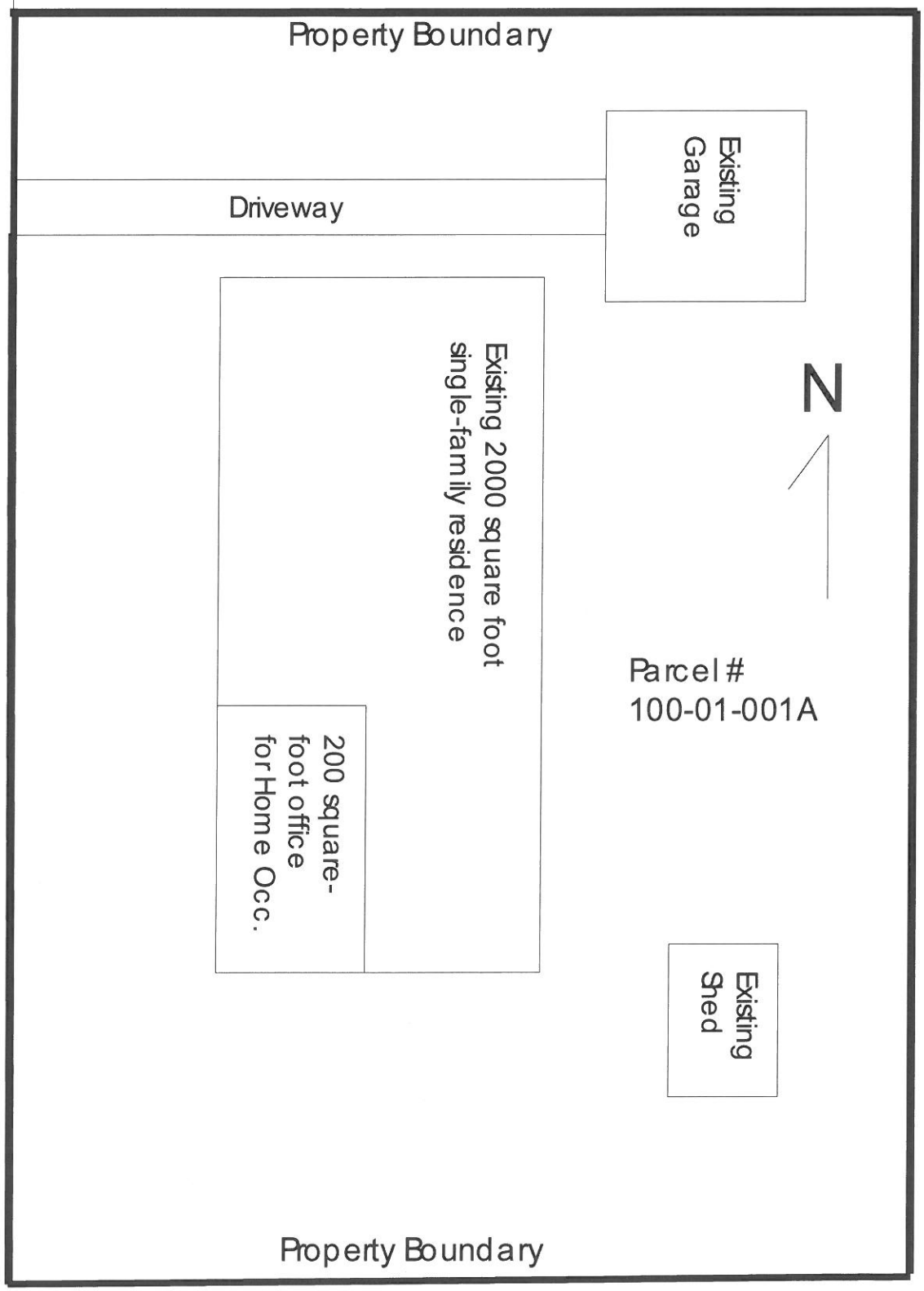
I CERTIFY THAT THE ABOVE STATEMENTS AND ANSWERS ARE TRUE AND COMPLETE:

Signature:_____ Date: _____

- FOR OFFICIAL USE ONLY-

Parcel History:

Comment from the Health Department:

Comment from the Planning Department

Home Occupation Sample Drawing