



Location: 400 W. Gowe • 220 4th Avenue South • Kent, WA 98032-5895

**Planning Services**  
Permit Center (253) 856-5300  
KentWA.gov/permitcenter

# Special Home Occupation Permit Application

**Please print in black ink only.**

Application Fee and  
Public Notice Board(s)...See Fee Schedule

Application #: \_\_\_\_\_ OFFICE USE ONLY KIVA #: \_\_\_\_\_ OFFICE USE ONLY

Proposed Home Occupation: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Zone: \_\_\_\_\_

King County Parcel Number (s): \_\_\_\_\_

**Applicant:** (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

Professional License No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Property Owner 1:** (mandatory if different from applicant)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

**Property Owner 2:** (if more than two property owners attach additional info/signature sheets)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application:

**Agent/Consultant/Attorney:** (mandatory if primary contact is different from applicant)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ License No.: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_ Completeness Review by: \_\_\_\_\_

# Criteria

The purpose of the home occupation zoning criteria is to help preserve the residential character of the city's neighborhoods from commercial development while recognizing that certain selected business activities are compatible with residential uses.

**Please complete the following questions.**

Does the home occupation employ a non-resident of the household? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Does the home occupation require any outdoor storage or display of goods and services? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How much floor area (in square feet) will be used for the home occupation? \_\_\_\_\_

Are there any signs proposed for the home occupation? \_\_\_\_\_

If yes, please give total square footage and dimensions: \_\_\_\_\_

\_\_\_\_\_

Will the home occupation require delivery of material by truck? \_\_\_\_\_

If yes, describe type of truck and expected frequency of delivery: \_\_\_\_\_

\_\_\_\_\_

Will the home occupation generate the demand for more parking spaces other than those needed by residents of the dwelling unit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, please describe the measures that will be taken as to not adversely impact the parking needs of the neighborhood. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the proposed hours of operation for the home occupation? \_\_\_\_\_

Describe the type of goods and/or services generated by the home occupation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many clients will be served on a daily basis? \_\_\_\_\_

Will there be multiple clients arriving at any one time? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the home occupation involve any retail sales? \_\_\_\_\_

Describe any additional mechanical or electrical equipment that are needed for the home occupation.

\_\_\_\_\_

\_\_\_\_\_

Will the home occupation increase the demand for utilities beyond a normal residential use? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate all increases in noise, vibration, smoke, dust, odors, heat, glare or other conditions that may result from the home occupation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the measures that will be taken to ensure that the residential character of the neighborhood is maintained and that the home occupation is not materially detrimental to the public welfare.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Special Home Occupation Permit Submittal Requirements Checklist

THE APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION WHEN SUBMITTING A SPECIAL HOME OCCUPATION APPLICATION:

- A. The completed original application making sure that all of the required signatures have been obtained.
- B. Five (5) copies of SHOP Criteria. (pages 2-3) with responses
- C. Provide five (5) detailed site plans which include the following information:
  1. Vicinity map
  2. Property lines
  3. Lot dimensions
  4. All public/private roads
  5. All easements
  6. Uses of abutting properties
  7. Paved areas
  8. Parking areas
  9. Vehicle loading areas
  10. Location of buildings on property
  11. Identification of feature needing the Special Home Occupation Permit.



# Special Home Occupation Permit (SHOP) Application Instructions

## I. Application Forms/Fees

- A. Fill out attached application form making sure that the proper signatures are obtained.
- B. Answer all questions clearly and provide all information requested on the application form.
- C. Return the completed application form and application fee to Planning Services.
- D. A nonrefundable application fee applies. See Fee Schedule for application fees. Make checks payable to the City of Kent.

## II. Decision

- A. Following receipt of a complete application and review by city staff, the Planning Director will issue a written decision and send to the applicant. The Director's decision is final unless appealed to the Hearing Examiner.
- B. Before any Special Home Occupation Permit may be granted, it shall be shown and the Planning Director shall find:
  1. The Special Home Occupation Permit will not be materially detrimental to the public welfare or injurious to the property in the zone or vicinity in which the property is located.
  2. The authorization of such permit will be consistent with the spirit and purpose of KCC Title 15.

## III. Appeals

- A. Notice of Right to Appeal  
The decision of the Planning Director is final unless appealed to the Hearing Examiner pursuant to Section 12.04.190 of the Kent City Code. Any party of record may file a written appeal to the Hearing Examiner within fourteen (14) calendar days after issuance of the Director's decision. The appeal shall be an open record appeal and shall be processed pursuant to Chapter 2.32 KCC.
- B. Further Appeals  
The decision of the Hearing Examiner on an appeal shall represent final action of the city and is appealable only to King County superior court. Such appeal must be filed with the superior court within twenty-one (21) calendar days from the date the Hearing Examiner's appeal decision was issued.

**Any person requiring a disability accommodation should contact the City in advance for more information. For TDD relay service, call 1-800-635-9993 or the City of Kent at (253) 856-5725.**