



**Home Occupation Permit Application**  
**MMC 17.44.090**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATUS OF APPLICANT:

\_\_\_\_\_ Owner          \_\_\_\_\_ Renter (requires written permission from property owner)

NAME OF BUSINESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

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

Please check all conditions that apply:

- The Home Occupation does not have more than 1 unrelated non resident employee
- The Home Occupation does not occupy more than 40% of the principal structure
- The Home Occupation will use existing parking and will not expand or create addition parking
- The Home Occupation will not have more than 3 additional deliveries/pick-ups beyond regular postal services
- The home Occupation will comply with all other performance standards identified in MMC 17.44.090

**Please return your completed and notarized Home Occupation Permit Application along with the \$300.00 fee to Milton City Hall at:  
1000 Laurel Street  
Milton, WA 98354**

State of Washington)

Ss:

County of Pierce/King)

I, \_\_\_\_\_, being duly sworn, depose and say that I have familiarized myself with the rules and regulations of the City of Milton with respect to preparing and filing this application and that the foregoing statements, answers and information submitted presents the arguments on behalf of this application and are in all respects true and correct to the best of my knowledge and belief.

I also hereby understand that the City of Milton may perform inspections of the property, after reasonable notice is given, to determine compliance with the Home Occupation permit; provided that said authorization may be revoked at anytime by a permit holder by relinquishing his/her Home Occupation permit and discontinuing all Home Occupation activities at the residence

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
For Corporation or Company

\_\_\_\_\_  
Phone

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington

\_\_\_\_\_  
Printed Name

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_