



HOME OCCUPATION PERMITS

City of Ferndale Community Development Department
2095 Main Street/ PO Box 936
Ferndale, WA 98248 (360) 685-2359
www.cityofferndale.org

Please answer the questions below and attach additional sheets as necessary.

Business Name: _____ Owners Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Are you the owner of the property?

Yes (Continue to question 1) No (Owners consent required to submit)

OWNER CONSENT

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of physical address listed above.

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE INDIVIDUAL DESIGNATED ABOVE TO APPLY FOR THIS PERMIT (IDENTIFIED BY THIS APPLICATION ONLY) ON THE SUBJECT PROPERTY. IN ADDITION, MY SIGNATURE BELOW ALLOWS CITY STAFF INVOLVED IN THIS APPLICATION TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION AND PERFORM INSPECTIONS.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

1. How many customers or clients will physically come to your home during a typical day? _____
2. How will you arrange for off-street parking? _____

3. Square footage of residence: _____ Square footage use for business: _____

Per FMC 18.14.020 no more than 25% of total residence, including attached garages, can be used for a home occupation business.

4. Will anyone besides family members be employed in the home occupation? No Yes, how many? _____
5. What kind of equipment or substances will you use in the conduct of the home occupation?

6. Except for a permitted two (2) square foot non-illuminated wall sign, will there be any change in the outward appearance of your home as a result of the home occupation? No Yes, please explain:

