Submit by Email

Town of Buckeye Fire Department
Building Safety Division

Home Based Business Authorization Sheet

Business, as defined by our Town Code means "all activities or acts, personal or corporate, engaged in, and caused to be engaged in, with the object of gain, benefit, or advantage, either direct or indirect, including, without limitation, any trade, business, game, amusement, calling, profession or occupation." A business based in a home is an accessory use of the primary dwelling unit permitted either by right or by conditional use permit. Home based businesses/occupations are generally conducted and located such that the average neighbor, under normal circumstances would not be aware of their existence. The standards set forth by the Town of Buckeye's Fire Department Building Safety Division and the Town Development Code are intended to ensure compatibility of the home occupation use with the residential character and safety of the neighborhood. The proposed use shall be clearly accessory or incidental to the residential use of the main building to quality as a home occupation use under this section.

Answer the questions below to provide staff with the information necessary to evaluate the conformance of your proposed business to the Home Based Business Requirements listed in this document.

Business Name: _____

Owner Name: _____

Business Address: _____

Phone Number: Day: _____ Night: _____

Fully describe the proposed home occupation: _____

_____

_____

_____

Identify the hours of operation: _____

List the general activities that will occur at the above listed address: _____

List any items related to the proposed business which will be stored at the listed address including equipment, vehicles and material(s): _____

_____

_____

Identify any machinery to be operated from the premise in conjunction with the proposed business: _____

_____

_____

Will you receive customers, clients or commercial deliveries at the above listed address? If yes, explain the number of deliveries and the number of clients per hour: _____

_____

Identify the number of employees (excluding household members) to be employed in your business: _____

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Will any employees report directly to the listed address? If yes, explain: _____

_____

Are there any existing or planned building alterations or building additions associated with the Home Occupation? If yes, explain?

_____

_____

A Home Occupation where permitted shall be considered a permitted accessory use when it complies with the following regulations. Please check each statement indicating you have read and understand each of the requirements.

- ☐ No changes shall be made which alter the residential appearance of the building. This shall include alterations or additions to the existing building(s) and construction of parking areas or garages in excess of what is common to the surrounding area.
- ☐ No signs shall be allowed advertising a Home Occupation.
- ☐ Home Occupation shall not have exterior display, exterior storage of materials or equipment or other exterior indication of the Home Occupation.
- ☐ The Home Occupation shall not be discernable from beyond the premises, particularly emissions of noise, lights, dust, gas, vibration, odor or smoke.
- ☐ The Home Occupation shall be conducted by a resident or residents of the dwelling unit only. No outside employees shall be employed at the site, and not more than one (1) employee may report to the site for off-site employment.
- ☐ No unusual load shall be placed on power, sewer, water or other utilities as a result of the Home Occupation use.
- ☐ External activity resulting from the Home Occupation shall be limited to the hours between 7:00 a.m. and 10:00 p.m.
- ☐ No commercial vehicles weighing over 2 tons may be parked on the Home Occupation site.
- ☐ All Home Occupations shall be subject to the standards contained herein and shall be approved by the Town prior to the initiation of any business activity.
- ☐ A valid sales tax and or business license shall be obtained for the Home Occupation use.
- ☐ A letter from your HOA will be required in order to issue a license.

Customer Signature: _____ Date: _____

For Building Safety / Community Development Personnel Purposed ONLY

☐ **Planning and Zoning has reviewed the application and determined that a Home Occupation is an allowable use for the location listed on the application.**

The property that the Home Occupation is taking place is zoned: _____

A copy of the CC&R's for the subdivision or master planned community is included to verify that the proposed use is either allowed or restricted by the CC&R's or the current zoning designation.

Planning Personnel Signature: _____ Date: _____

☐ **Fire-Building Safety has inspected the home that the applicant is proposing to run the Home Occupation, and the home has met all compliance issues.**

Building Safety Personnel Signature: _____ Date: _____

Fire Department Personnel Signature: _____ Date: _____

☐ **Permitting has reviewed the application and has determined no further action is needed.**

Permitting Personnel Signature: _____ Date: _____