

## HOME OCCUPATION CLASSIFICATION CHECKLIST

The sole purpose of this checklist is to assist Applicants in determining which type of Home Occupation Permit they need to apply for. Please call (360) 336-6214 or email [PermitTech@mountvernonwa.gov](mailto:PermitTech@mountvernonwa.gov) if you need additional assistance.

**1. THE PURPOSE OF THIS FIRST QUESTION IS TO DETERMINE IF YOUR ACTIVITY CAN BE PERMITTED AS A HOME OCCUPATION AT ALL. DOES YOUR BUSINESS ACTIVITY INCLUDE ANY OF THE FOLLOWING USES?**

- Repair, building or servicing vehicles  Yes  No
- Retail sales (i.e. someone coming to your home to receive something from you)
- Commercial kitchen
- Antique shop
- Veterinary clinic or hospital
- Painting vehicles, trailers or boats
- Repairing appliances (e.g. stoves, refrigerators, washers and dryers)
- Upholstering
- Cabinet or woodworking shops
- Machine and sheet metal shops
- Material arts , dance, or exercise/aerobics studio
- Engine repair
- Dispensing medical drugs
- Parking or storage of heavy equipment
- Storage of building materials for use on other properties
- Mortuaries
- Private clubs
- Restaurant or deli
- Day care for over 12 children
- Marijuana sales, production, or collective gardens
- Any use that includes hazardous items or chemicals

**IF YOU ANSWERED YES TO QUESTION #1 (ABOVE) STOP HERE BECAUSE YOUR USE CANNOT BE CLASSIFIED AS A HOME OCCUPATION. IF YOU ANSWERED NO, CONTINUE TO QUESTION #2 BELOW.**

**2. THE PURPOSE OF THIS SECOND QUESTION IS TO DETERMINE IF YOUR HOME OCCUPATION CAN BE CLASSIFIED AS EXEMPT. DOES YOUR BUSINESS ACTIVITY ANY OF THE FOLLOWING?**

- a. Author, composer, or writer  Yes  No
- b. Completion of paperwork with no customers visiting your home  Yes  No
- c. Garage sale that complies with the requirements outlined in MVMC Chapter 5.60  Yes  No
- d. Family day care facility with 12 or fewer children that is licensed by the WA State Department of Social and Health Services  Yes  No

**IF YOU ANSWERED YES TO ANY OF THE FOUR CATEGORIES LISTED UNDER QUESTION #2 (ABOVE) STOP HERE BECAUSE YOUR USE IS CLASSIFIED AS AN EXEMPT HOME OCCUPATION.**

**3. THE PURPOSE OF THIS THIRD QUESTION IS TO DETERMINE IF YOUR HOME OCCUPATION IS A TYPE I OR TYPE II ACTIVITY. DOES YOUR BUSINESS ACTIVITY INCLUDE ANY OF THE FOLLOWING?**

- a. Will you have outside volunteers or employees engaged in the business activity, not including the person who lives at the residence?  Yes  No
- b. Will you have signage visible from the public right-of-way to advertise your activities?  Yes  No
- c. Will you have more than 12 clients or customers visit your home for any reason per week?  Yes  No
- d. Will you store materials, goods, or equipment outside of the residence?  Yes  No

**IF YOU ANSWERED YES TO ANY OF THE FOUR CATEGORIES LISTED UNDER QUESTION #3 (ABOVE) YOUR USE IS CLASSIFIED AS A TYPE 2 HOME OCCUPATION.**