



**City of Sisters**  
**Home Occupation Permit**  
*Application*

*See Chapter 2.15.700 of the Sisters Development Code*

**Fee:** \_\_\_\_\_ **\$100.00**

**Ownership and Applicant Information**

Applicant Name(s): _____	Phone: _____
Address: _____	Email: _____
Owner(s) Name: _____	Phone: _____
Address: _____	Email: _____

**Property Information**

Property Description: T _____ R _____ S _____ Tax Lot(s) _____	Zone: _____
Property Address: _____	Total Area: _____
Present use of property: _____	
_____	

**Occupation Description**

Business Name: _____	Business Type: _____
	City Business License #: _____
<b>Appearance:</b> List any proposed alterations (building permit may be required): _____	
_____	
<b>Storage:</b> What will be stored? _____	
Where will you stored materials? _____	
<b>Employees:</b> List all employees: _____	
<b>Vehicles, Parking and Traffic:</b> How many commercial vehicles will your business have? _____	
How many commercial vehicle deliveries will take place daily (to or from the occupation site)? _____	
How many customers will visit the property per day and during what hours? _____	
<b>Business Hours:</b> What will your business hours be? _____	

Applicant / Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**For Office Use Only:**

Date Received: _____	Fee Paid: _____
Rec'd By: _____	Receipt #: _____
Date App COMPLETE: _____	File #: _____
Deemed COMPLETE by: _____	