



City of Palmer Community Development

645 E. Cope Industrial Way

Palmer, AK 99645

Phone: 907-745-3709 • Fax: 907-745-5443

Home Occupation Registration Form

Home Occupation Business Name: _____

Home Occupation Business Owner(s): _____

Property Owner Name (if different from applicant): _____

Business Physical Address/Location: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Message Number: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please provide a complete description of your home occupation:

I understand it my responsibility to ensure my home occupation is not in violation of any rental agreement or homeowner association's covenants, conditions, and restrictions (CC&Rs) application to the property*.

Home Occupation Owner Initials: _____

Palmer Municipal Code Section 17.08.220 requires home occupations to be conducted in accordance with the following standards and requirements:

1. Customarily, no person other than the residents are employed on the premises in connection with the home occupation;
2. The home occupation is an accessory use, clearly secondary to residential use of the property.
3. There is no exterior evidence of the home occupation other than one nameplate or sign, not to exceed four square feet in total area.
4. The home occupation may not change the character of the residential use, *for example*:
 - a) Traffic may not be generated in greater volumes than would normally be expected in a residential neighborhood;
 - b) The home occupation must not create noise, vibration, glare, fumes, odors, or electrical interference detectable beyond the lot lines of the property.

I hereby agree to operate my home occupation at the above address subject to these standards and requirements and declare that this information accurately reflects the manner of operation of my business.

*Please note that a **City of Palmer Business License is required** to operate a business in the City. Please call 745-3271 for more information.

Home Occupation Owner Signature: _____ Date: _____