



# SCAPPOOSE *Oregon*

YEAR ENDING DECEMBER 31, 2024  
OPENING DAY OF BUSINESS \_\_\_\_\_

**2024 Application for City Business Registration Inside City Limits ~ Home Occupation  
City of Scappoose**

**33568 East Columbia Avenue \* Scappoose, Oregon 97056  
Phone 503-543-7146 \* Fax 503-543-7182**

**SCAPPOOSE MUNICIPAL CODE, TITLE 5, BUSINESS LICENSE AND REGULATION, REQUIRES ALL FEES ARE DUE AND PAYABLE BY JANUARY 1<sup>ST</sup> EACH YEAR (UNLESS YOU ARE OUT SIDE OF THE CITY LIMITS THEN IT MUST BE RENEWED PRIOR TO WORKING IN THE CITY OF SCAPPOOSE), FAILURE TO PAY FEES BY DUE DATE WILL INCUR A PENALTY.**

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Bus. Location: \_\_\_\_\_ Email address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ No. Full-time Employees: \_\_\_\_\_  
**(Number of employees working 20 hours or more per week)**

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ No. Part-time Employees: \_\_\_\_\_

**Check One:**     Home Occupation ~ Type I                       Home Occupation ~ Type II

**If applicable ~ Contractors/Landscapers Board License # \_\_\_\_\_**

**FEES: Annual \$55.00 first 2 employees \$ 6.00 for each after    [ ] New License or [ ] Renewal  
Planning Department fee (one time) Type I - \$75, Type II - \$900**

**IMPORTANT - READ AND SIGN BELOW RETURN WITH FEE. VALIDATED LICENSE WILL BE MAILED TO YOU.**

**Signed By \_\_\_\_\_ Office/Title \_\_\_\_\_ Date \_\_\_\_\_**

I certify that the above information is correct (Make any corrections as needed). 5.04.030 Disclaimers--Exceptions--General requirements. General License Requirements. In addition to any other requirement of this chapter, each licensee shall: Conforms to all federal, state, and local laws and regulations, the provisions of this chapter, and any rules adopted hereunder, with the exception of the federal Controlled Substances Act as it pertains to marijuana legal under the laws of the State of Oregon. **NOTE: Additional City Permits may be necessary before the owner can commence business.**

**OFFICE USE ONLY**

Planning \_\_\_\_\_  
 If marked please see comment page

City Manager \_\_\_\_\_  
 If marked please see comment page

Building \_\_\_\_\_  
 If marked please see comment page

Police \_\_\_\_\_  
 If marked please see comment page

Amount Paid    Date Issued    By    Receipt #    Type Code    Date Business Discontinued    License Number  
If you change your business address, nature of business, or if you are no longer doing business in Scappoose, please notify City Hall. **To pay online ~ [www.scappoose.gov](http://www.scappoose.gov).**



# Home Occupation (Type II) Application

Scappoose Planning Department

52610 NE 1st St.; Scappoose, OR 97056 | (503) 543 - 7184 | [www.scappoose.gov](http://www.scappoose.gov)

**NOTE TO APPLICANT:** Please enter the information electronically using the fillable PDF or write legibly using black or dark blue ink. While completing the application electronically is an option, a wet-ink signature is required when a signature is prompted. If you utilize the fillable PDF, please complete the prompts, print the document, and physically sign where required. We will need the signed physical copy and a scanned copy of the signed copy. Applicants are advised to review the list of submittal requirements. **Incomplete applications will not be processed until the Planning Department receives all required submission materials.**

The Home Occupation Permit allows residents an opportunity to engage in small-scale business ventures from their homes. Home occupations are to be subordinate to the residential use and character of the dwelling. Type II Home Occupations are allowed to exhibit limited evidence that a business is being conducted from the premises such as one sign, up to 6 customers in a day, and outdoor storage of materials (which are screened from view). Please contact staff if you are unsure whether your proposed home occupation requires a Type I or Type II permit.

## TRACKING INFORMATION (for office use only)

<i>Application submittal Includes:</i>		
<input type="checkbox"/> 2 hard copies	<input type="checkbox"/> Electronic submittal	<input type="checkbox"/> Fee
<i>Date submitted with payment:</i> _____		<i>Receipt #:</i> _____

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name(s)\*: \_\_\_\_\_

***\*If you are the legal property owner, please list your name above and skip the remainder of this section.\****

Email address: \_\_\_\_\_

Do you consent to the operation of the home occupation as described in this application?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Business/home address: \_\_\_\_\_

Business description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specific activities and tasks related to the home occupation will take place in the residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

1. Will your home occupation be conducted entirely within the dwelling?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Will there be any other employees other than inhabitants of the dwelling?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Will the home occupation change the residential character of the building?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Will your home occupation occupy more than 25% of the floor area of the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Will the home occupation display or store merchandise, materials, or equipment outside of the home?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Will there be a need for additional parking or vehicle traffic?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Will there be any direct sales of goods or services from the residence or customers visiting the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. Will commercial delivery (Amazon, UPS, FedEx, etc.) ever ship more than 3 business-related packages per week to the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

9. Will any equipment or process be used in the home occupation which will create noise, vibrations, glare, fumes, or odors perceptible outside of the dwelling unit or cause any electrical interference in any radio or television receivers off the property?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Will there be any signs for your business?

Yes  No

If yes, please describe the dimensions and content of the sign: \_\_\_\_\_

\_\_\_\_\_

## SUBMITTAL REQUIREMENTS CHECKLIST

**NOTE: Incomplete applications will not be accepted. Loose pages will not be accepted. Each submittal set must be bound with page numbers. The pages of the application form will be the cover sheet(s) of EACH submittal set and can be on 8.5" x 11" paper.**

- Pre-Application Conference completed
- 1 original completed and "wet" signed Home Occupation Type II application form with required payment and 1 printed copy of the signed application form.

**Applicant to submit two (2) collated and bound copies of the following information, attached to the application forms described above:**

- Site plan** (11" x 17") of entire legal lot, including the following:
  1. Scale
  2. North arrow
  3. Location of adjacent street(s)
  4. Location of primary residential structure
  5. Location of customer entrance (if applicable)
  6. Location and dimensions of customer parking (if applicable)
  7. Location of sign (if applicable)
  8. Location of outside storage (if applicable)
  
- Floor plan** (11" x 17"), including the following:
  1. Scale
  2. North arrow
  3. Drawing of the entire story/floor where the home occupation will take place, including the location and dimensions of all rooms and exterior doors
  4. A brief description of the business use for each room that will be used for the home occupation, including customer entrance(s), customer waiting area(s), customer restroom(s), and administrative work
  
- One electronic (PDF) copy of all materials above. The electronic copy should be saved directly from the electronic file rather than a scan of printed materials (except for the application form; that may be scanned so that the electronic copy includes the hand-written signature).**