



Home Occupation Agreement

Street Address (No PO Box): _____

Business Name: _____

Business Operator: _____ Email: _____ Phone: _____

Nature of Business: *(attach separate sheet if needed)* _____

Will Hazardous Materials be stored at this location? YES NO

Stored Materials Storage Location (see code regulations): _____

A home occupation is a business, profession, occupation, or trade conducted entirely within a residential principal or accessory building, which use is accessory, incidental and secondary to the use of the building for dwelling purposes and does not change the essential residential character or appearance of such building or the neighborhood and is compatible with other permitted uses. **(Please acknowledge that you have reviewed the below by placing a check mark in each box)**

- I have read 18.03.340 Accessory uses; home occupation of the Town of Monument Municipal Code.
https://library.municode.com/co/monument/codes/code_of_ordinances
- I understand that the Town of Monument has the right of an annual inspection to determine compliance with the applicable home occupation criteria, any conditions of approval, and all applicable municipal, state and federal regulations.
- I understand that in the event of a conflict between the provisions of the Town of Monument’s Municipal Code, Chapter 18.03.340, and applicable covenants, conditions, and restrictions of record applicable to the above property, the more restrictive provision(s) shall govern and control.
- I understand and agree that I will apply for and obtain a Business License from the Town of Monument before commencing a home business.

Choose either Class I or Class II

- I understand that the following specific uses shall **NOT** be permitted as accessory **Class I** home occupations in residential zone districts: beauty or barber shop; hospital or clinic; long term care facility; restaurant; bed & breakfast; group home; animal hospital or grooming establishment; kennel; medical or dental office; adult-oriented use; vehicle repair servicing, detailing or towing if vehicles are dispatched from the premises, or are brought to the premises, or are parked or stored on the premises or on an adjacent street.
- I understand that the following specific uses shall **NOT** be permitted as accessory **Class II** home occupations in residential zone districts, hospital or clinic, long term care facility, restaurant, bed and breakfast, group home, animal hospital, kennel, medical or dental office, adult-oriented use, or vehicle repair, servicing, detailing or towing if vehicles are dispatched from the premises, or are brought to the premises, or are parked or stored on the premises or on an adjacent street. **Professional offices providing services not generating any medical or dental waste, including, but not limited to psychologist, chiropractor, or massage therapist may be permitted if the business complies with all standards herein and all applicable codes.**

By my signature below, and the boxes checked above, I certify that I have read, understand, and will comply with the Town’s zoning regulations.

Printed Name of Business Owner: _____

Signed _____

Date _____

Return to: Tina Erickson
Deputy Town Clerk
645 Beacon Lite Rd
Monument, Colorado 80132

Phone: (719) 884-8047
terickson@tomgov.org