



Development Services Department
2880 International Circle Colorado Springs CO 80910
Phone (719) 520-6300 Fax (719) 520-6695 www.elpasoco.com

HOME OCCUPATION APPLICATION

NOTE: applications which are mailed or faxed will not be processed without payment.

Address of Home Occupation _____

Tax Schedule No. _____

Legal Description _____

Name and type of business _____

Zone District _____

Applicant Name _____

Mailing Address _____

Phone Nos. _____

Property Owner name (if different) _____

Property Owner address _____

Utilization: The residence in which the Home Occupation is to be conducted contains _____ square feet of net floor area. The Home Occupation will utilize _____ square feet of net floor area which is _____% **OR**;
the Home Occupation is to be conducted within an accessory building and the area to be utilized is _____ square feet.

Attach separate sheet describing the Home Occupation – address all general requirements contained in Section 35.6, Subsection B., #1 – 12 of the El Paso County Land Development Code.

I have read and agree to abide by the requirements of Section 35.6 of the El Paso County Land Development Code.

Applicant Signature _____ date

Owner Signature (if different than applicant) _____ date

Attachments: Site Plan, Letter of Intent, Fee