



## 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: \_\_\_\_\_

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 17.48.200 Accessory uses; home occupation of the Town of Monument Municipal Code.  
[https://library.municode.com/co/monument/codes/code\\_of\\_ordinances](https://library.municode.com/co/monument/codes/code_of_ordinances)
- 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.**
- 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 17.48.200, 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.

**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  
                         Business License Manager  
                         645 Beacon Lite Rd  
                         Monument, Colorado 80132

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