



Development Services  
Permit Processing 425-452-4898

## Home Occupation Application and Decision

FOR OFFICE USE ONLY	
15-125277 LH	603 546 053
Permit #	UBI #

Date 10/3/2015 Applicant Kayla Terisa Smith  
 Site Address 2530 165th Ave NE Phone Number 425-785-3102  
 Business Name Kayla's Flute Studio  
 Business Description I teach flute lessons to individuals.  
 Business Hours M-F 4:00-7:00

Are you the property owner?  Yes  No (If no, provide a notarized letter from property owner stating he/she is aware of the business.)

**A. Does your business have external indication of a commercial activity, including:**

- | Yes                                 | No  |
|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> nonresident employees       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> client visits               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> business-related deliveries |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> vehicle signage             |

If you answered YES to any of the above, continue to Section B. If you answered NO, a Home Occupation permit is not necessary. (Note: City of Bellevue and Washington State business licenses are all that is required to conduct this business from your place of residence.)

**B. Please answer the following questions:**

- |  |                              |  |
|--|------------------------------|--|
| 1. Does the business involve automobile-related service?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Does the business warehouse more than 1,000 cubic feet of materials?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Does the business include external storage of goods?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Is the business on the property but conducted outside the structure?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Does the business utilize more than 25 percent of the gross floor area of the structure in which it is located? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Does the business employ more than one person who is not a resident of the dwelling?                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Has the dwelling's exterior been changed in a manner which would alter its residential character?               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. Has there has been an expansion of parking resulting from the business?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Is there any exterior signage of the business other than business signage on the applicant's vehicle?           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

10. Is there is any exterior storage of business-related material?  Yes  No
11. Is there any other exterior indication of the business?  Yes  No
12. Is there any structural alteration to either the interior or exterior which changes its residential character?  Yes  No
13. Is there use of electrical or mechanical equipment which changes the fire rating of the structure, creates visible or audible interference in radio or television receivers, or causes fluctuations in line voltage outside the building.  Yes  No
14. Is there any noise, vibration, smoke, dust, odor, heat, or glare produced by the business which exceeds that normally associated with a dwelling?  Yes  No
15. In addition to the two parking stalls required for the residents, are there more than two vehicles parked on or in the vicinity of the property at any one time as a result of the business?  Yes  No
16. Are there more than two deliveries per week either to or from the residence by a private delivery service or use of a commercial vehicle other than that normally used by the applicant or an employee?  Yes  No
17. Will there be more than six client visits per day  Yes  No
18. Will there be more than one client on the premises at any one time?  
*The definition of "one client" does include a family member arriving in a single vehicle.*  Yes  No

**If you answered YES to any of the above questions, a Home Occupation permit cannot be approved by the city. The proposed business should be relocated in a commercial district.**

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I further agree to comply with all city codes and regulations related to this home-based business.

Kayla T Smith  
Business Owner Name (Please Print)

10/3/2015  
Date

Kayla T Smith  
Business Owner Signature

C. In addition to this application, submit 2 copies of a site sketch on an 8 ½ " x 11" paper or pick obtain an aerial map at the Land Use desk in Development Services. Show and label the following items:

1. property lines
2. street(s)
3. driveway and/or parking area
4. business entry

to be completed by City of Bellevue staff

Permit Number 15-125277-LH Planner DEAN FOLSON

Public notice in The Seattle Times on NOVEMBER 5 2015  
Property owners within 500 feet of the subject property were also notified via mail on this date.

Located in Community Council area  No  Yes - Meeting attended on \_\_\_\_\_

Comments received \_\_\_\_\_  None

Comments summary (describe)  
N/A

**Further staff review** (LUC 20.30N.150.B)

If deemed necessary, the business has been inspected by the Bellevue Fire Department, and the applicant commits to implement all required corrective measures within the stated time period.	<u>NOT NECESSARY</u>
The location of the proposed home occupation in relation to traffic impacts and safety concerns to the adjacent neighborhood.	<u>AS PROPOSED THERE ARE NO TRAFFIC IMPACTS OR SAFETY CONCERNS.</u>
The impacts the proposed home occupation may have on the residential character of the neighborhood.	<u>AS PROPOSED THE IMPACTS ARE SIMILAR TO RESIDENTIAL ACTIVITIES.</u>
The cumulative impacts of the proposed home occupation in relation to other city-approved home occupations in the immediate vicinity.	<p>1 address <u>16615 NE 30TH ST</u>          permit # <u>96-2778-LH</u>          business description <u>HAIR SALON (HAIR &amp; DI)</u></p> <p>2 address _____          permit # _____          business description _____</p> <p>3 There are no city-approved HO permits in the vicinity <input type="checkbox"/></p>

Decision (circle one) Approve with conditions (list any conditions below) Deny

[Signature]  
Planner Signature

11/24/15  
Date

The applicant may commence the business activity 20 calendar days following the date on which the final decision was mailed or the registration was approved. If the decision is appealed, the applicant may not begin operation of the business.

The Development Services Department may review this Home Occupation Permit in one year to determine if all of the above conditions have been met. If the city receives complaints from residents in the area and it is determined the business has not complied with all of the above regulations, this approval may be modified or revoked at any time if there are documented violations.