



Development Services  
Permit Processing 425-452-4898

# Home Occupation Application and Decision

|                     |             |       |
|---------------------|-------------|-------|
| FOR OFFICE USE ONLY | 11-104859KH |       |
|                     | Permit #    | UBI # |

Date 03-04-2011 Applicant Kalpana Gada

Site Address 14420 NE 38th St, Apt # N2109 Phone Number 425-372-6662  
Bellevue WA 98007

Business Name Kalpana's Beauty Salon

Business Description Esthetics - skin care (facials, waxing, sugaring & threading)

Business Hours Monday to Friday - 9am to 7pm Weekends - 10am to 5pm

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:**

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

Received

MAR 04 2011

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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 |

to be completed by City of Bellevue staff

Permit Number 11-104859-LH Planner DREW FOLSOM

Public notice in The Seattle Times on APRIL 07 2011  
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 YES - ODORS, DISPOSAL OF PRODUCTS DOWN WASTE WATER SYSTEM  
 None

Comments summary (describe)  
CONCERNS OVER:  
~~ODORS~~ • ODOOR AND FUMES OF PRODUCTS  
• DISPOSAL OF USED PRODUCTS DOWN STORM SYSTEM

CITY RESPONSE  
APPLICANT STATE PRODUCTS TO BE USED ARE CREAMS AND MASKS WITH LITTLE ODOOR.  
DISPOSAL METHOD WILL TYPICALLY BE PAPER TOWELS AND COTTON SWABS THROWN IN TRASH.

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. | NOT NECESSARY PER ADRIAN JONES, COB FIRE DEPARTMENT  |
| The location of the proposed home occupation in relation to traffic impacts and safety concerns to the adjacent neighborhood.  | AS PROPOSED THERE ARE NO TRAFFIC IMPACTS OR SAFETY CONCERNS.   |
| The impacts the proposed home occupation may have on the residential character of the neighborhood.  | AS PROPOSED THE IMPACTS ARE SIMILAR TO RESIDENTIAL <del>ACTIVITIES</del> ACTIVITIES  |
| The cumulative impacts of the proposed home occupation in relation to other city-approved home occupations in the immediate vicinity.  | 1 address <u>3444 140th AVE NE</u><br>permit # <u>06-116218-LH</u><br>business description <u>BED &amp; BREAKFAST</u><br><br>2 address _____<br>permit # _____<br>business description _____<br><br>3 There are no city-approved HO permits in the vicinity <input type="checkbox"/> |

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

Drew Folsom  
Planner Signature

5/24/11  
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.