



Development Services  
Permit Processing 425-452-4898

## Home Occupation Application and Decision

FOR OFFICE USE ONLY	
11 111555 LH	603109663
Permit #	UBI #

Date 4/27/11 Applicant KAVITA HEUDE

Site Address 16564 SE 49th SC Phone Number 425 765 2164

Business Name Euro Vedic Spa

Business Description Spa : Skin care , facial , eyebrow threading etc

Business Hours By appointment, less than 8 hours a day, between 9am to 9pm

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             |

Hours of Operation:  
Monday & Tuesday: 9:30 a.m. to 2:00 p.m.  
Thursday: 4:30 p.m. to 8:00 p.m.  
Friday: 9:30 a.m. to 2:00 p.m.

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

Kavita Hegde

Business Owner Name (Please Print)

04/27/11

Date

Kavita Hegde

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



# Site Sketch: Home occupation

Site address: 16564 SE 49th St, Bellevue, WA 98006



Figure 1 Aerial view showing streets and parking



Figure 2 Driveway to the house

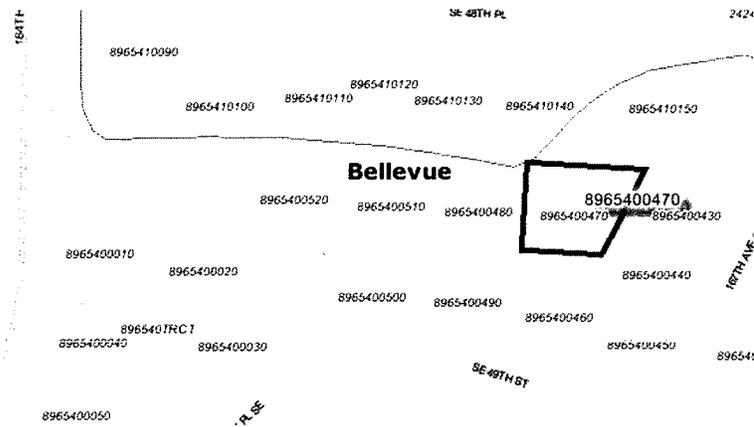


Figure 3: Parcel view showing property lines



Figure 4: Home Entrance

All houses in the neighborhood are Single family homes.

Parking area is in front of our garage as shown in Figure 4.

Received

APR 27 2011

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# 16564 SE 49th St

Permit # 11-111555-LH  
Euro-Vedic Spa

