



Home Occupation Application and Decision

FOR OFFICE USE ONLY	
Permit # <u>11 114206LH</u>	UBI# _____

Date 5.25.11 Applicant Suzanne Lyons
 Site Address 12840 SE 3rd ST Phone Number 801-694-7143
 Business Name Live Mindfully, LLC
 Business Description Psychotherapy
 Business Hours 9 to 7pm

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

- nonresident employees
- client visits
- business-related deliveries
- 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? 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 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.

Suzanne Lyons
Business Owner Name (Please Print)

5/25/11
Date

[Signature]
Business Owner Signature

C. In addition to this application, submit 2 copies of a site sketch on an 8 1/2 " 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 11-11420674 Planner Leah Chulsky

Public notice in The Seattle Times on 10-23-11
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)

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.	
The location of the proposed home occupation in relation to traffic impacts and safety concerns to the adjacent neighborhood.	
The impacts the proposed home occupation may have on the residential character of the neighborhood.	
The cumulative impacts of the proposed home occupation in relation to other city-approved home occupations in the immediate vicinity.	1 address _____ permit # _____ business description _____ 2 address _____ permit # _____ business description _____ 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

Approved to operate Mon-Fri 9am-7pm. No more than six clients per day. One client at a time.

Leah Chulsky
Planner Signature

7-5-11
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.