Application for 2019 Home Occupation Permit

Everyone who operates or plans to operate a business at any location within the A-1, A-2, or H zones of the Village of Corrales must obtain a Home Occupation Permit (ZOC) issued by the Village. (Ch.18 Sec. 18-45(c)(1), Codified Ordinances of the Village of Corrales.). In order to obtain a ZOC, you must follow these procedures:

Instructions:
1. Fully and accurately complete the ZOC application and attach ALL of the following: (a) one or more photographs of the home from the road, showing access; (b) a map or sketch clearly showing the location of the proposed business activity on the property; (c) a site plan showing all structures and on-site parking provisions to meet any parking needs of the business; and (d) a copy of your valid New Mexico CRS ID certificate. An application without these required attachments is not complete.
2. Submit the application, $35.00 fee and nine (9) copies of all required materials, to Planning & Zoning. If the application is complete, the administrator will in some cases be able to provide review, or otherwise will schedule a hearing by the Planning and Zoning Commission within 60 days of a 100% complete application. If the application is not complete, it will be returned and will not be set for hearing until resubmitted in a complete form.
3. If Planning & Zoning Commission approval is necessary, you will post an easy-to-see notice (yellow sign), which you must obtain from the Village, for fifteen (15) days prior to the meeting when your application will be heard.
4. Attend the hearing and be prepared to answer questions.
5. Obtain a Village business registration ($35 fee annually) within 90 days, if your ZOC is approved by the Commission or Administrator.

If you have any questions about filling out the form or about the process, please phone, e-mail or make an appointment to see Planning and Zoning. We are here to help.

General Information

Name of Applicant: ____________________________________________ Date __________

Physical Address: ____________________________________________
Number Street Email Address Phone: __________________________

Mailing Address: ____________________________________________ Phone: __________________________

Legal Description: ____________________________ Map No. _____
Subdivision Lot/Tract

Acreage: __________ Zoning: _______

Are you the property owner? Yes_____ No_____. Do you reside here? Yes_____ No_____.
If you are not the property owner, you MUST attach a letter signed by the owner granting
approval for the proposed business use.

Are there other ZOCs on the Property? Yes_____ No______ (Cannot exceed 4 at any one time)
If YES, you must attach copies of the approvals for existing ZOC’s to the application.

Total Square Footage of Home: _______________
(Exclude Garage unless part of ZOC)        Square Feet

How many square feet of the home will you use for your home business? _______________
(Cannot exceed 25% of total, or 45% in Neighborhood Community and Office District NCOD)

Will you use Accessory Structures in your ZOC? Yes ______ No________
If yes, how many square feet of Accessory Structures will you use for your home business? _______________
(Cannot exceed 2,000 square ft., or 4,000 in NCOD)

What is the name of your business? ________________________________________________

Briefly describe your business and its functions__________________________________________
______________________________________________________________________________
What days/hours will your business operate? _________________________________________

Will clients/customers be coming to your home? Yes_______ No_______
If yes, please circle how many persons/vehicles will come to your home for business purposes:

   Per Day: 1-5; 6-10; >10 ;

   Per Week: 1-5; 6-10; 11-20; >20.

How many additional motor vehicle trips in and out of the property will be generated by your business (deliveries, your own business-related trips, and any other business-related trips) PER WEEK? __________

Will the business be conducted strictly by mail and/or electronic communications? Y__ N__

Will there be any materials storage? Yes_______ No_______
If yes, please explain what the materials are and how and where they will be stored.
______________________________________________________________________________
______________________________________________________________________________

Will there be any employees who are not residents of the property? Yes_______ No_______

The statements below track the requirements of the Village Code section governing ZOC permits. (Chapter 18-45(c)(1)(5)). By initialing these items, you certify that you meet these criteria and will abide by them if your ZOC is approved. Violating these requirements may result in loss of your home occupation permit or business license.
INITIAL EACH APPLICABLE ITEM. (Do not use “X” or a check mark.)

Item a, and Items d through j, MUST be initialed. Initial either b1 OR b2, and either c1 OR c2, whichever is applicable in each case.

_____ a. The use of the dwelling unit for the home occupation shall be clearly subordinate and incidental to its use for residential purposes by the occupants.

_____ b1. No more than 25% of the floor area of the dwelling unit and not more than 2,000 square feet in one accessory building shall be used for all home occupations upon the lot.

Or, if applicable:

_____ b2. My lot is zoned A-1 and is located in the Neighborhood Community and Office District (NCOD); no more than 45% of the floor area of the dwelling unit or more than 4000 square feet of any accessory building will be used for all home occupations upon the lot.

_____ c1. Other than family members, no more than 1 (ONE) person will engage in the home occupation(s) on the premises at any one time.

Or, if applicable:

_____ c2. My lot is zoned A-1 and is located in the NCOD; other than family members, no more than three (3) persons will be engaged in the home occupation on the premises at any one time.

_____ d. There will be no change in the exterior appearance of the buildings or premises (except for a single sign authorized and permitted under Chapter 8, Art. IV.).

_____ e. All business-related tools and materials shall be maintained to have an orderly appearance.

_____ f. No equipment or process shall be used in the home occupation which creates noise, vibration, glare, fumes, noxious odors, or other nuisances detectable from adjacent properties.

_____ g. There shall be no sales of goods or services from the home, which would generate greater traffic volume than would be created in a residential neighborhood.

_____ h. No more than two (2) service vehicles used in the conduct of the home occupation shall be upon the premises at any one time for all home occupations and business registrations.

_____ i. Any parking needs generated by the conduct of the home occupation shall be met by using off-street parking. Short-term parking for lodging shall meet the requirements of Subsection 18-39 (c) (3), Short Term Lodging Establishments.

_____ j. Maximum of four (4) home occupations shall be permitted on any one lot at one time.

I certify that I meet the above requirements and will abide by them. I understand that I may lose my home occupation permit and business license if I violate any of these requirements. I also understand and agree that any representation made by me in connection with this application, whether orally or in writing, is deemed to be a condition of the home occu-
tion permit, and violation of such condition may result in loss of my home occupation permit and business license.

Signature of Applicant: ___________________________ Date: __________

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PLANNING & ZONING OFFICE USE ONLY

Received By: __________________ Date Received: __________ File No.: ZOC-___ ___________

Amount Paid: ______ Cash □ Check No.: _____________ Receipt No.: _____________

Credit Card No. _______________________________________________________________________

Application Reviewed and certified complete by: ______________ Date: ______________

Planning and Zoning Commission Approval/Denial:

APPROVED with the following conditions, if any:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Village Approval: ___________________________ Date: ________

Village Administrator (hearing date, if applicable)

Ninety Day Business License Application Deadline: ______________________________________

DENIED with the following findings:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Denial: __________________________________ Date: _______

Village Administrator (hearing date, if applicable)