



RURAL OCCUPATION

COMMUNITY DEVELOPMENT DEPARTMENT

RURAL OCCUPATION REGISTRATION CERTIFICATE

Parcel Number: _____

Property Address: _____

Property Owner(s): *please include all property owners, phone numbers, and email addresses*

Name Phone # Email Address

Name Phone # Email Address

Business Name/Business Owner Name(s):

Name Phone # Email Address

Description of the Rural Occupation: *feel free to attach additional pages or site map if needed*

Indoor square footage used by occupation? _____

Number of vehicle trips per day? _____

1 vehicle trip in, 1 vehicle trip out = 2 trips

Outdoor square footage used by occupation? _____

Describe number & type of vehicle(s) used for the occupation:

Lot Size? _____

Minimum requirement is 5-acres (limited)

Minimum requirement is 2-acres (large)

ACKNOWLEDGEMENT - please initial

I, operator of said rural occupation stated above, certify that:

____ I have read and understand the attached standards and requirements for accessory rural occupations as set forth in Article 3.4.7.C of the Larimer County Land Use Code.

____ I have contacted applicable agencies to assure that the accessory rural occupation will be in compliance with all applicable land use, health, building, and fire codes. **It is your responsibility to ensure that you are in compliance with the agencies' regulations.**

- Larimer County Building Division
- Larimer County Planning Division
- Larimer County Health Department
- Sewer District
- Water District/Division of Water Resources
- Fire District

____ The rural occupation to be located at this address will be operated in compliance with the Land Use Code standards and requirements at all times.

Property Owner Signature(s)

Date

Rural Occupation Operator Signature (if different than owner)

Date

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Planning Staff Use Only:

Approved By: _____ Date: _____ Zone District: _____ Outside GMA/OZD? Yes