



HOME OCCUPATION BUSINESS

Application Packet Taos County Planning Department

Ordinance 2018-02
Land Use Regulations

**Taos County Planning Department
105 Albright Street Suite H
Taos, NM 87571
Ph. (575) 737-6440**

HOME OCCUPATION BUSINESS PERMIT CHECKLIST

The following submittals are required to receive a Home Occupation Business Permit from Taos County. Please complete and submit a copy on 8 1/2 x 11 paper of the requested information. Information will be due as seen fit by the Site Development Review Staff of the Taos County Planning Department. Incomplete or inadequate submittals will result in a delay or rejection of the request for a Home Occupation Business Permit. Please contact staff with questions regarding the submittals required herein.

***NOTE: ALL DRAWINGS MUST BE DRAWN TO SCALE**

- Completed Home Occupation application
- Proof of Residency: Proof that person proposing to conduct Home Occupation resides at the site of the proposed Home Occupation.
- Completed Taos County Business Registration Application and a copy of a State of New Mexico Tax Identification Number (CRS)
- Proof of payment of property taxes and any other fees due and payable to Taos County.
- Proof of payment of \$25.00 application fee.
- Site plan (minimum scale: 1" = 20'). Site plan shall depict all existing structures and their square footages, setbacks, a floor plan showing the square footage for the structure where the proposed Home Occupation Business will occur, parking area, and other applicable standard requirements.
- Copy of registered deed.
- A Fire Inspection will be required for all Short-Term Rentals
- Additional documents may be required based on the type of business proposed

****IF THE APPLICANT FAILS TO PROVIDE THE ABOVE REQUESTED INFORMATION, THEN THE APPLICATION PROCESS SHALL BE POSTPONED UNTIL ALL REQUESTED INFORMATION HAS BEEN PROVIDED.***

APPLICATION FOR HOME OCCUPATION BUSINESS

Taos County
Planning Department
105 Albright Street
Suite H
Taos, New Mexico
87571
Phone: (575) 737-6440

Date: _____ Case Number _____
Property Owner: _____
Mailing Address: _____
Physical Address: _____
Phone Number(s) _____
Applicant/Agent Name: _____
Address: _____
Phone Number(s) _____
Acreage of Subject Property: _____

****Attach a copy of registered deed.***

Name of Home Occupation Business: _____
Description of Home Occupation Business: _____

Gross Floor Area of all Buildings on Lot: _____ Square Feet.
Gross Floor Area of Home Occupation: _____ Square Feet.
Number of Employees: _____

CERTIFICATION

I hereby certify that the documentation submitted for review and consideration by the Taos County Planning Department has been prepared in compliance with Section 4.4.2, the applicable regulations as stated in Section 4.3.1 of the Taos County Land Use Regulations (LUR), and the Home Occupation Checklist. Failure to include the minimum submittals may result in the delay or rejection of my application. I also understand that failure to comply with Section 4.8.2 of the LUR may result in the revocation of my Home Occupation Permit and its associated Taos County Business License. I also certify that the signature(s) affixed to this application are those of the property owner.

Print Applicant Name

Applicant's Signature

Staff's Signature

Date

Property Owner's Signature

Date

COUNTY OF TAOS
STATE OF NEW MEXICO

Jim K. Fambro
Mark Gallegos
Darlene Vigil
AnJanette Brush
Candyce O'Donnell

District I
District II
District III
District IV
District V

Brent Jaramillo

County Manager



RURAL ADDRESSING
PLANNING DEPARTMENT
105 Albright Street, Suite H Taos,
NM 87571
Office: (575) 737-6445
Fax: (575) 737-6449
rural.addressing@taoscounty.org

REVIEW FEE \$10.00 ADDRESSING FEE \$35.00

RURAL ADDRESS APPLICATION

**THIS INFORMATION IS NECESSARY TO OBTAIN TELEPHONE AND POWER SERVICE.
THE INFORMATION IS USED BY EMERGENCY RESPONSE PERSONNEL VIA THE TAOS
COUNTY E-911 SYSTEM.**

PROPERTY CODE NUMBER _____ OWNER NUMBER _____

CURRENT PHONE NUMBER (_____) - _____ - _____

NAME _____
(Last) (First) (Initial)

(Last) (First) (Initial)

CURRENT MAILING ADDRESS:

(Street) (P.O. Box)

(City) (State) (Zip)

In order to properly process your request, a staff person will determine your address based on the road's official name in the E-911 database adjacent existing house numbers, and/or other relevant data, and the driveway's distance from the beginning of the road. (For example: 1.5 miles will be #150; 0.8 miles is #80.) All odd numbers will be assigned to one side of the road and all even numbers to the other. Please describe how we will find your driveway. (Begin with the closest named road.) Please use back of sheet or separate sheet of paper to draw a sketch if needed. If there is an existing address please provide it below:

OFFICE USE ONLY

	NUMBER	UNIT TYPE	UNIT	ZIP CODE
NEW ADDRESS \$35 <input type="checkbox"/>				
VERIFICATION \$10 <input type="checkbox"/>	ROAD NAME		LOCAL COMM	
	WUI Y/N	ESN	SIGNATURE	DATE