



City of The Dalles
Community Development Dept
 313 Court Street
 The Dalles, OR 97058
 (541) 296-5481, ext. 1125
 www.thedalles.org

Application #: _____
 Filing Fee: _____
 Receipt #: _____
 Deemed Complete: _____
 Ready to Issue: _____
 Date Issued: _____

Received: _____

Home Business Permit Application

Property Location

Address: _____

Map and Tax Lot: _____

Applicant

Name: _____

Legal Owner (if different than Applicant)

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Business Information

Business Name: _____

City Limits: Yes No Zoning District: _____ Overlay: _____

Proposed Use: _____

Number of Employees: _____ Hours of Operation: _____ Sign: Yes No

Note: Please remember to submit a Sign Permit Application for new business signage.

Waste Water Survey: Yes No Existing Backflow Prevention Device: Yes No

Describe the Home Business proposal (including storage and stored materials, parking, potential for off-site impacts, and additional information for consideration during the licensing process)

