

**CITY OF WEST DES MOINES  
HOME OCCUPATION PERMIT APPLICATION**

**Ph. 515-222-3620 Email: [DevelopmentServices@wdm.iowa.gov](mailto:DevelopmentServices@wdm.iowa.gov) (Effective 7-1-19 through 6-30-20)**

New Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_

**Fee: \$28.00** (Office use) Receipt #: \_\_\_\_\_ Permit #: \_\_\_\_\_

**Application Information - (Please type or print)**

Applicant's name: \_\_\_\_\_

Home address and/or P. O. Box: \_\_\_\_\_

Name of business: \_\_\_\_\_

Telephone: (Bus.) \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Property owner's name (Print): \_\_\_\_\_

Property owner's signature (if not the applicant): \_\_\_\_\_

Property owner's Address: \_\_\_\_\_

**Applicant's Certification**

I hereby certify under penalty of perjury that the statements furnished present all information required for this application, and that the facts, statements and information presented are true and correct, and based upon my personal knowledge. I hereby acknowledge my obligation to comply with the West Des Moines Municipal Code as it pertains to my business and to obtain any and all necessary City, County, State and Federal permits, approvals and/or clearances including, but not limited to, building and electrical permits. Further, I hereby certify that I have read, understand and have received a copy of the conditions for the operation of a home occupation and hereby agree to comply with such conditions including compliance checks upon receiving twenty-four (24) hours notice. I also understand that should I fail to comply with the agreed upon conditions, my home occupation permit may be immediately revoked and that all other applicable penalties including criminal prosecution, may be pursued.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home occupation approval and operation shall be subject to the following departmental approvals, which may be conditional, in addition to any other required approvals and permits, and payment of filing fee.

**FOR OFFICE USE ONLY**

**Review - For Departmental Comments and Approvals Only**

Name of staff person conducting initial review \_\_\_\_\_

**FIRE DEPT:** 3421 Ashworth Road - (515) 222-3420

Remarks: \_\_\_\_\_

**FINAL APPROVAL -  Development Services:** 4200 Mills Civic Parkway Suite #1D; West Des Moines, Iowa (515) 222-3620

**DENIAL -  \_\_\_\_\_ Fee Received**

Conditions: \_\_\_\_\_ Property Owner Authorization

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Approval Date

Expiration Date: \_\_\_\_\_

9-8-5: **RESTRICTIONS FOR HOME OCCUPATIONS:** To receive City approval of your home occupation, all home occupations shall comply with all pertinent City Codes and Ordinances. In order to make this determination a response to each of the following statements or questions needs to be provided:

1. The home occupation shall be incidental and secondary to the use of the dwelling for residential purposes. Describe the proposed business activity, days, and hours of operation.

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2. To avoid any traffic congestions, all customers, clients, etc. shall be handled by appointment only with a restriction of only two (2) clients allowed per hour on a daily average basis. Describe how your business meets this requirement.

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3. Only one non-resident of the dwelling shall be employed on the premises at any one time in the conduct of a home occupation. Describe how your business meets this requirement.

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4. No signs relating to the home occupation shall be allowed, other than what is required by state law. Signs shall be limited to one (1) square foot in area, and nontransferable. Does your business meet this requirement? \_\_\_\_\_

5. Home occupation permits are valid only for the person(s) and use(s) approved and are nontransferable. Do you agree to make any potential buyers of your property aware of this restriction? \_\_\_\_\_

6. No dwelling shall be built, altered, furnished or decorated for the purpose of conducting the home occupation in such a manner as to change the residential character and appearance of the dwelling, or in such a manner as to cause the structure to be recognized as a place where a home occupation is conducted. Does your business meet this requirement? \_\_\_\_\_

7. A home occupation shall be conducted entirely within the dwelling unit or a garage, and the activities of such home occupation shall not be visible, or otherwise noticeable outside the structure. Does your business meet this requirement?

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8. There shall be no home occupation activities that are objectionable due to glare, dust, fumes, odor, vibration, noise or other nuisances that disturb the peace. Does your business create any of these nuisances? \_\_\_\_\_

9. No equipment or process shall be used which creates visual or audible electrical or mechanical interference in any radio or television receiver or other device outside the dwelling unit structure, or causes fluctuations in the line voltage outside the dwelling unit structure. Does your business create any of these problems? \_\_\_\_\_

10. No more than 500 square feet of floor area of the building(s) in total may be used in pursuit of the occupation in which the general public is going to the premises to receive a good or service. In those cases where the general public does not go to the premises to receive a good or service up to one-quarter of the home or a garage or 500 square feet of floor area, whichever is greater, may be utilized for the home occupation. What is the floor area committed to the proposed use and where is it located? \_\_\_\_\_

11. No portion of an accessory structure, carport or similar structure, except a garage, shall be used for home occupation purposes. Does your business meet this requirement? \_\_\_\_\_

12. No storage of mechanical/construction equipment shall be permitted on the premises, other than that normally associated with a residential use. Describe any equipment which might not meet this requirement. \_\_\_\_\_

13. No vehicles or trailers except those normally incidental to a residential use shall be parked so as to be visible from the public right-of-way. Do you have any vehicles or trailers which might not meet this requirement? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_

14. The home occupation shall not cause, involve or result in the use of commercial vehicles for deliveries to or from the premises, excluding a vehicle not to exceed 3/4 ton capacity, which shall be registered to the operator of such home occupation. Do the deliveries for your business meet this requirement? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

15. The use of the United States Postal Service in conjunction with appropriate uses as determined by the Director of Development Services such as mail order businesses, shall be done by means of a post office box. Does your business meet this requirement? \_\_\_\_\_

16. No deliveries of goods or merchandise may originate from or be made to the premises except during the hours of 8:00 a.m. to 9:00 p.m., Monday through Saturday. During what hours are deliveries made to your business? \_\_\_\_\_  
\_\_\_\_\_

17. The home occupation shall not generate vehicular traffic and/or vehicular parking which degrades or is otherwise detrimental to the residential nature of the neighborhood and thus becomes objectionable to the neighboring residents. Describe the traffic generated by your business. \_\_\_\_\_

18. If the home occupation is to be conducted in a rental unit, a written statement from the property owner giving his or her permission shall be required. If this is a rental unit, have you provided this statement? \_\_\_\_\_

19. The home occupation shall not affect nor reduce the parking spaces required by the West Des Moines Municipal Code. Describe the parking utilized by your business: \_\_\_\_\_  
\_\_\_\_\_

20. Home occupation shall not involve the use and/or on-site storage of chemicals, flammable materials, or other hazardous materials except as may be permitted by the Uniform Fire Code as adopted by the City of West Des Moines. Does your business use any type of hazardous material? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

21. Those occupations normally classified as a trade and involving the use of contractors' or mechanics' tools or equipment used by carpenters, electricians, painters, plumbers, pest control services, etc., shall be limited to office use only. Would you consider your business a trade? \_\_\_\_\_ If yes, describe and does it meet the office use only criteria? \_\_\_\_\_

22. Any citizen who wishes to make other than minor repairs to his own vehicles must abide by the aforementioned conditions. No more than two (2) vehicles per year, owned by the occupant, shall be rebuilt, repaired, or reconstructed. Does your business meet this requirement? \_\_\_\_\_

23. Any home use for day care shall meet the requirements for a child care home (non registered in home child care with 5 or less children), and child development homes in accordance with Iowa Department of Human Services registration guidelines including Category C with two providers. Is your business a child care operation? \_\_\_\_\_ If registered with the State, please provide a copy of your State of Iowa Certificate of Registration with the application. (Ord. 1949, 5-29-2012) If the status of your state registration changes (move from one category to another) during the duration of an issued home occupation permit, you will need to submit a new copy of the state certification for our records but no additional fee will be required. In-home child care shall be exempt from Articles 2, 3, 10, and 16, of the Conditions for Home Occupations.

24. To teach swim lessons as a home occupation in a residential pool, the pool must be registered with the state in accordance with provision 15.9(135I) of the State Code. Have you contacted the State and registered your pool?

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Swim lessons as a home occupation must comply with the following regulations:

- Allowed only during the months of June, July, August and September,
- Hours are limited to between 8:00 a.m. and 6:00 p.m. Monday thru Friday, 8:00 a.m. to noon on Saturdays, with a maximum of five (5) total hours per day;
- A maximum of four (4) students per one (1) hour time period and no more than one (1) instructor shall be giving lessons during any given time.

Does your business comply with these regulations? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

If additional space is needed to describe and clarify your business model or operation, please attach letter of explanation.