



CITY OF BELLE FOURCHE ENGINEERING DEPARTMENT

511 6th Avenue
Belle Fourche, SD 57717
Phone: 605-892-3006
Office Hours:
7:00 am – 4:00 PM
Monday - Friday
www.bellefourche.org

CONDITIONAL USE PERMIT & HOME OCCUPATION APPLICATION

(Belle Fourche City Ordinances 17.30 and 17.16.130)

Application Fee: \$300.00 (plus \$25.00 per lot)

Sign Deposit Fee: \$125.00 (separate check)

Not all sections will be applicable to your specific request. Please only fill out sections applicable to you.

GENERAL INFORMATION

1. Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone number and optional email address: _____

If Property Owner is **not** the Applicant (if same, leave blank):

Name of Property Owner: _____

Mailing Address: _____

Phone number and optional email address: _____

2. Area of existing home in feet (fill out all that are involved in Conditional Use Permit/Home Occupation)

- Basement: _____ x _____
- First Floor: _____ x _____
- Second Floor: _____ x _____
- Garage (Attached or Detached): _____ x _____
- Total square footage of home used for Home Occupation _____

3. Current zoning district: _____

4. Address and legal description for which conditional use permit is requested: _____

5. Is this your primary residence?

Yes: _____

No: _____

6. Description of conditional use being applied for (*attach additional information if necessary*): _____

Days of Operation: _____
Hours of Operation: _____
-

DAY CARE RELATED QUESTIONS

All other applicants need not answer questions 7 through 9.

7. If applying for a family day care use permit, do you have a fenced-in yard? Yes:___ No:___
If you answered yes, what height is the fence? _____
Is the dimensioned location of the fence relative to the property line adjacent to any public street included on the site plan? Yes:___ No:___
8. How many persons will be involved or employed in the conduct of the proposed business activity:
Members of immediate family _____ Others _____
9. Are you aware that a sign for Home Occupation cannot be larger than two square feet and must be located at least 20 feet from the street right-of-way? Yes:___ No:___
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CONTINUE FROM HERE IF NOT DAY CARE APPLICANT

10. What type of product will be produced, serviced, sold, or repaired in the conduct of your business/activity? (*For example: repair of clocks or watches, making jewelry, etc.*) _____

11. Describe any alterations to the primary or accessory structures or premises that might be required to facilitate your business/activity (attach plans) _____

12. Describe the mechanical and/or electrical equipment that will be necessary to the conduct of your activity. _____

13. Describe how, where, and in what amounts the material, supplies, and/or equipment related to your proposed business activity will be displayed or sorted: _____

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14. If trucks or other equipment will be used in your business/activity, where will they be parked or stored?

15. Will the business/activity involve the use of commercial vehicles for delivery of materials to or from the premises? Yes:___ No:___ If yes, please explain: _____

16. Will people come to your home to obtain any product or utilize any service connected with the proposed business activity? Yes:___ No:___ If yes, please explain: _____

17. Describe what rooms will be used in the conduct of the business/activity and how these rooms will be used (For example: garage will be used to store supplies, or den will contain desk and file cabinets, etc.) _____

18. Describe any alterations to the primary residence or premises that might be required to facilitate your business/activity (attach plans)._____

19. What type of product will be produced, serviced, sold, or repaired in the conduct of your business/activity? (For example: repair of clocks or watches, making jewelry, etc.) _____

20. Anticipated number of deliveries, drop-off/pickup, etc. per day attributable: _____

21. Materials stored on site in support of the proposed home occupation; please note quantity and type:

- Combustible:_____
- Corrosive:_____
- Etiological:_____
- Explosive:_____
- Flammable:_____
- Radioactive:_____
- Toxic:_____
- Other (please describe):_____

22. Attach a site plan (and photos if applicable) to illustrate compliance with the development standards applicable to the requested use [see chapter 17.16].

Minimally, the site plan shall indicate:

- Property boundaries and dimensions
- Location of existing and proposed building(s) and structure(s) relative to property lines (include setback dimensions)
- Dimensions of existing and proposed building(s) and structure(s)
- Locations and dimensions of all easements affecting the property (if proposal involves new construction)
- Off-street parking/loading/unloading (dimensioned)
- Other significant property features

Signature Blocks and Acknowledgement for Conditional Use Permit/Home Occupation

By signing below, the applicant and owner ensure that all information provided is accurate to the best of their knowledge. Any incorrect or missing information may lead to delays in approval.

The City reserves the right to request additional information.
(if applicant is property owner, sign and date both lines)

Applicant's Signature

Date

Owner's Signature

Date

Application Submission

Once signed and dated, please submit application to the Engineering Department via one of the following ways:

1. **In person** = we are on the second floor of City Hall. Office hours are 7:00 am to 4:00 pm, Monday through Friday (not including council-approved holidays).
2. **Email** = please email applications to the Engineering Administrative Assistant at hailey@bellefourche.org
3. **Mail** = please mail applications to “*Engineering Department, 511 6th Avenue, Belle Fourche, SD 57717*”

Please do not send any payment with your application.

The City Engineers must discuss your application with you prior to accepting any payments.

Engineering Department Use Only

Date application was submitted: _____

Conditional Use Permit / Home Occupation fee: _____

Date fee paid: _____

Receipt #: _____

Date deposit check received and sign given to applicant: _____

Conditional Use Permit / Home Occupation Checklist: *effective after council meeting*

___ Fee paid (\$300.00 + \$25.00 per lot)

___ Sign deposit check received and put in cash box envelope (\$125.00)

___ Sign given to applicant to put on property on day of P&Z public notice publication

___ Report drafted

___ Report completed/in packet

___ Public notices (P&Z and Council) drafted

___ Public notices (P&Z and Council) sent to paper; date emailed to paper: _____

___ P&Z public notices published in paper: _____

___ Council public notice published in paper: _____

___ Recommendations sent to Council agenda

Day care:

___ Day care has South Dakota State license

___ Engineering Department has copy of State day care license; expiration date: _____

Air BnB / Vacation Home:

___ Registration for a Bed and Breakfast Establishment (SD 34-18-9.3)

___ Valid South Dakota Department of Health (DOH) Lodging License for a Vacation Home Establishment
(SDCL 34-18 and ARSD 44:02:08)

___ Valid South Dakota Sales Tax Number: _____

Meeting Dates:

Planning & Zoning meeting: _____

Action taken: _____

City Council meeting: _____

Action taken: _____

Additional Notes: _____

