

BERNALILLO COUNTY

Zoning, Building, Planning & Environmental Health
 111 Union Square SE, Suite 100
 Albuquerque, NM 87102
 (505) 314-0349 Fax: (505) 314-0480



BUSINESS REGISTRATION APPLICATION HOME OCCUPATION

OWNER	TODAY'S DATE		
MAILING ADDRESS	CITY	STATE	ZIP
E-MAIL	PHONE	MOBILE	

NAME OF BUSINESS	TYPE OF BUSINESS		
BUSINESS ADDRESS	CITY	STATE	ZIP
E-MAIL	PHONE	MOBILE	
NM CONTRACTOR LICENSE # (IF APPLICABLE)	NM TAX IDENTIFICATION NUMBER (CRS #)		
ENVIRONMENTAL HEALTH APPROVAL (IF APPLICABLE)	If you don't currently have a State Tax ID number, you'll need to obtain one before this application can be submitted. You may contact Taxation & Revenue at 841-6200, visit their website at www.state.nm.us/tax/ , or go to their office at 5301 Central Ave. NE (NE corner of San Mateo & Central).		

6 DIGIT NAICS CODE:

NOTE: The North American Industry Classification System (NAICS) code is the national standard used for classifying business establishments; here is the NAICS web-site www.census.gov/naics/ for assistance in identifying and indicating yours.

I hereby verify that my current business operation and related activities are consistent with the Comprehensive Zoning Ordinance of Bernalillo County.

SIGNATURE: _____ DATE: _____

----- FOR OFFICIAL USE ONLY -----

ZONE ATLAS PAGE	BUSINESS REGISTRATION NUMBER
ZONE DESIGNATION	RECEIPT NUMBER
UPC #	
LEGAL DESCRIPTION	ZA # (if applicable)

APPLICATION APPROVED
 APPLICATION DENIED

**HOME OCCUPATION APPLICATION FORM CONTINUED ON THE BACK SIDE OF THIS PAGE
 PLEASE BE SURE BOTH CHECKLISTS ARE ALSO SIGNED**



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AGENT'S AUTHORIZATION FORM

This form is used to allow someone other than the registered owner of a specific parcel of property to act on behalf of the owner for a proposed permit and/or request.

ADDRESS OF SUBJECT PROPERTY

Please print

Please print

NAME OF PROPERTY OWNER

AGENT'S NAME OR COMPANY

ADDRESS OF PROPERTY OWNER

AGENT'S ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE NUMBER

AGENT'S PHONE NUMBER

I, _____, the legally registered property owner for the site located at _____, which is situated within the unincorporated area of Bernalillo County, hereby authorize the referenced individual and/or company to make application and act as my agent concerning the following request:

Owner's signature

Date

Agent's signature

Date

HOME OCCUPATIONS

In the unincorporated areas of Bernalillo County, people are allowed to operate certain types of commercial enterprises from their homes. These types of business activities are commonly referred to as "home occupations". The Zoning Ordinance allows for one of two types of home occupations to be conducted from a residentially zoned property.

TYPE 1 – PERMISSIVE USE

This type of home occupation is allowed to occur if:

- the business has a current Bernalillo County business registration.
- the business is clearly incidental and secondary to the use of the premises for a dwelling.
- the business has no exterior display (including signage).
- the business has no exterior storage of materials.
- the business does not emit nuisances (noise, odors, etc.).
- the business only employs members of the family who live in the dwelling.
- the business does not occupy more than 25% of the floor area of the dwelling or more than 600 square feet of an accessory building.

These types of home occupations may include medical transcription, telemarketing, Internet sales, or mail-order businesses.

TYPE 2 – CONDITIONAL USE

This type of home occupation is allowed to occur if:

- the business owner obtains conditional use approval from the Zoning Administrator to permit
 - o clients, customers, patients, patrons or similar individuals or groups to come to the property; and/or
 - o up to a single, additional employee to work on the site.
- all other standards of type 1 home occupation are met.

These types of home occupations may include swimming lessons, counseling services, or a home office with up to one employee.

TO REQUEST HOME OCCUPATION APPROVAL

TYPE 1

- Obtain a business tax identification number from the State of NM Taxation & Revenue Department
- Complete the Bernalillo County business registration application – home occupation form
- \$50 initial fee/\$35 renewal fee

TYPE 2

- Submit conditional use application
 - \$75 fee/attend public hearing
- If approved:
 - Meet all requirements of Type 1 home occupation



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Please fill out this portion of the Business Registration Form if you are proposing to operate your business from your home.

If you answer "YES" to any of the questions, please provide us additional information in the provided box.

HOME OCCUPATION CHECKLIST

Will your business be the primary or most important use on the property?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will there be any employees of the business who don't live on the property?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	How many?
Will merchandise be sold, displayed or manufactured on the property?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will any business activity be conducted outside in the yard, patio or open courtyard?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will the business occupy more than 25% of the floor area of the home?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will the business occupy more than 600 square feet of a storage shed, garage, or workshop?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will there be any outside indication or evidence of the business (signage, commercial vehicle parking, storage of materials, etc.)?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe
Will there be vehicular traffic to and from the property related to the business (customers, clients, delivery of merchandise, etc.)?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	Please describe

Printed Name

Signature

Date

The granting of a Bernalillo County business registration does not waive any other applicable requirements or imply approval of other applicable standards. For certain activities, additional licenses, reviews and/or approvals from local, state and federal agencies may be required.



**BERNALILLO COUNTY FIRE DEPARTMENT
FIRE PREVENTION BUREAU
6840 SECOND ST., NW SUITE 302
ALBUQUERQUE, N.M. 87107
505-486-1340**

August 01, 2012

Dear Business Owner,

Bernalillo County has recently adopted the 2009 International Fire Code with local amendments; Ordinance number 2012-07. Part of these amendments is a new requirement for all businesses to obtain a Fire Safety Permit from the Bernalillo County Fire Prevention Bureau to conduct business. This permit will be issued upon approval of your annual fire and life safety inspection; which is conducted by the Fire Prevention Bureau. The permit is required to be posted next to your Bernalillo County Business License. The Fire Safety Permit is an addition to any other permits your business may be required to have to operate, i.e. cutting and welding, dispensing of fuel.

The purpose of the annual fire and life safety inspection is to provide the Bernalillo County Fire Department with current business owner contact information, identify the operations or processes being conducted at your business, as well as to ensure that your business meets the minimum fire and life safety requirements of the Bernalillo County Fire Code. The goal is to minimize potential damage and loss of revenue to your business through quick contact with your business representative in the event of an emergency, and to reduce potential hazards that could cause a fire. Identifying current operations at your facility also allows fire personnel the ability to respond with the appropriate resources to minimize damage caused by fire or other catastrophic events

If you have any questions or concerns please contact the Bernalillo County Fire Marshal at 505-468-1340.

Sincerely,

Fire Marshal Chris Gober
Bernalillo County Fire Department



BERNALILLO COUNTY FIRE DEPARTMENT
 6840 2nd St. NW
 Albuquerque, New Mexico 87107
 (505) 761-4225
 (505) 761-4247 - fax

CITIZEN SELF-INSPECTION CHECKLIST

BUSINESS NAME _____

General description of type of business _____

IS YOUR BUSINESS RELATED TO ANY OF THE FOLLOWING ACTIVITIES?

		OFFICIAL USE ONLY
Aircraft refueling vehicles or aircraft repair?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Dry cleaning?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-1, C-2, C-LI, M-1, M-2
Fumigation or thermal insecticidal fogging; storage of highly toxic pesticides?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Hazardous materials – storage, transporting or dispensing?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Junk yard, salvage yard, dismantler's yard, tire storage yard?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-2, M-1, M-2
Operations which produce dust?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Organic coatings or working with magnesium?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Ovens, industrial baking or drying?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-LI, M-1, M-2, SUP
Repairing of motor vehicles in a garage or tire re-capping?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-N, C-1, C-2, M-1, M-2
Spraying or dipping utilizing flammable liquids?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-2, M-1, M-2
Storage of aerosol products or cellulose nitrate film?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-LI, SUP
Storage of combustibile fiber or other materials?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SUP
Storage, transportation or dispensing of liquefied petroleum or compressed gases?	<input type="checkbox"/> NO <input type="checkbox"/> YES	M-2
Welding or cutting operations?	<input type="checkbox"/> NO <input type="checkbox"/> YES	C-1, C-2, C-LI, M-1, M-2
Child care?	<input type="checkbox"/> NO <input type="checkbox"/> YES	A-1 thru M-H, O-1, C-1, C-2, C-LI
Hospital, sanitarium, nursing home or similar establishment?	<input type="checkbox"/> NO <input type="checkbox"/> YES	O-1, C-N, C-1, C-2, SUP
Church, gymnasium or other place of assembly?	<input type="checkbox"/> NO <input type="checkbox"/> YES	A-1 thru M-H, O-1, C-N, C-1, C-2, SUP

If you are engaged in a business which may tend to cause fire; contribute to its spread; or violate the purpose or provisions of the Uniform Fire Code (1991 edition) or any other law or standard affecting fire safety, our office will conduct a mandatory inspection of your business property prior to obtaining an active business registration. Your business registration will be released upon approval by the Fire Department. Additionally, it is the Bernalillo County Fire Department's recommendation that you service all fire extinguishers and smoke detectors in your residential structures annually.

Printed Name _____ Signature _____ Date _____

The granting of a Bernalillo County business registration does not waive any other applicable requirements or imply approval of other applicable standards. For certain activities, additional licenses, reviews and/or approvals from local, state and federal agencies may be required.