

ELDORADO COMMUNITY IMPROVEMENT ASSOCIATION, INC.
IN-HOME PROFESSION APPLICATION FORM

GENERAL INFORMATION:

Name: _____

Address: _____ UBL: _____

Phone Number: _____

Description & Purpose of In-Home Profession: _____

Date Business will Begin Operating: _____

SPECIFIC QUESTIONS REGARDING IN-HOME PROFESSION:

1. Will a truck be used? _____ If yes, how many? _____

2. Will a sign be placed outside the home advertising the business? _____

3. Will the business telephone number be listed in Yellow Pages? _____

4. Will work related material be stored on the property? _____ If yes, please describe material.

5. Description of parking requirements: _____

6. Hours of operation: _____

7. Nature & frequency of deliveries: _____

8. Number of employees: _____

9. Maximum number of people at business at any given time: _____

10. Have all NM State, Local & County Licensure & Inspections been met? _____

State and/or County Contractor or Licensure Numbers: _____

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ACKNOWLEDGEMENT & COMMENTS FROM ADJACENT PROPERTY OWNERS

This acknowledgement indicates an awareness of the applicant's intent to operate an in-home profession at the indicated address. Your signature does not indicate approval or disapproval. If needed, contact the ECIA office at 505-466-4248 within the next seven days to provide specific comments.

Name	Name
Address	Address
Comments	Comments
Signature	Signature

APPLICANT'S ACKNOWLEDGEMENT:

1. Nothing herein shall be construed as a waiver or modification of any of the Restrictive Covenants not any of the provisions of Federal, State or County Ordinance.
2. A separate application must be approved for each in-home profession.
3. I/We understand and agree that the in-home profession will be discontinued if requested to do so by the Board.
4. I/We agree to comply with all the Protective Covenants & Building Restrictions for Eldorado at Santa Fe.
5. I/We agree that this application is subject to Board approval. A letter will be sent to the applicant stating the Board's decision regarding the in-home profession.

Signature: _____ Date: _____

BOARD OR DESIGNEE REVIEW & DISPOSITION

1. Approved: _____ Disapproved: _____ Need More Information: _____

2. Remarks: _____

Signature: _____ Date: _____