



**ISSAQUAH
HIGHLANDS**

**COMMUNITY
ASSOCIATION**

MAINTAINING COMMUNITY

HOME BUSINESS APPLICATION

INTRODUCTION

Please answer all questions completely and accurately in order to provide Issaquah Highlands Community Association (IHCA) with all information necessary to consider your application. If a question does not apply, so indicate. (Leave no spaces blank.) Please attach any additional information which may assist in reviewing your application.

The IHCA shall review and log all business applications and activity within Issaquah Highlands. IHCA staff will provide counter approval for zero or minimal impact businesses. Business deemed to have high impact will be directed to the IHCA Board of Directors (BOD) for approval.

All businesses within Issaquah Highlands must comply with City of Issaquah (COI) business requirements and local, state, and federal obligations. Any unit owner may be subject to penalties, (as defined in the URRs), if the business operation is in violation of the IHCA governing documents and at the discretion of the IHCA BOD.

Possession of a current business license does not authorize business operation unless approved by IHCA staff and/or IHCA BOD. Business application approvals are non-transferable.

Home business application questions may be directed to homebusinessapp@ihcommunity.org or (425) 427-9257.

GENERAL INFORMATION

Applicant Information:

Name: Cocoon Acupuncture, PLLC

Property Address: 1312 Williamsburg Walk Northeast, Issaquah, WA 98029

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

The consent of the legal owner of the property, where the business will reside, is required. If you are not the legal owner of the property, please complete this section and obtain legal owner consent.

Property Owner Information:

Name: _____

Mailing Address: 1312 Williamsburg Walk Northeast, Issaquah, WA 98029

Daytime Phone: _____ Cell Phone: _____

Property Owner's Email Address: _____

Property Owner's Consent Signature: _____

Property's Owner's Consent Received Via E-mail: ☐ Yes ☒ No (If Yes, please attach email to application.)



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GENERAL BUSINESS INFORMATION

City of Issaquah Business License Number (Please provide copy of license.): _____

Restrictions indicated on the business license: N/A

Legal Owner of Business: Cocoon Acupuncture, PLLC

Legal Name of Business and Doing-Business-As Name: _____

Business Website Address: N/A

Name of any other business operated from this location: N/A

Business Phone: _____ Cell Phone: _____

Email Address: _____

Description of Proposed Use: Acupuncture and Eastern Medicine

Hours of Business Operation: 9:00 AM to 5:00 PM

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Is parking required for the operation of your business? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Do deliveries and/or shipping exceed more than one visit per day? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Are there vehicles related to this business operation? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Are Common or Limited Common Elements used in the operation of your business?(I.E., Do you use common water/sewer, garbage services, electricity and/or landscape areas in the operation of your business?) |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Has this business been prior approved by the Unit's Condominium/Owner's Association? If so, please attach a copy of the approval for the IHCA. |

Please describe in detail the nature and operation of daily business activities? Provide a detailed description on how the operation of your business may affect other areas of your home/property (i.e. such as decks, driveways, garages, deliveries, etc.). Acupuncture services. May require occasional client use of sewer for standard restroom usage. Will require very occasional delivery of supplies. Planned client visits are approximately 5 per week.

PHYSICAL INFORMATION (Attach a dimensioned sketch of entire floor plan. Indicate the areas used for business.)

What percentage (%) of your buildings, including storage space, is used for your business? <10 %

All signage must be submitted to the ARC for approval. Indicate the dimensions of your business sign (please attach a diagram if needed): No sign yet, dimensions of 19" x 14", posted on door
(City of Issaquah code provides that signage may not exceed 2 square feet and may be either posted on the wall or door. Lighted signs are not approved for this use.) Please note: Posting of flyers or other solicitation is not allowed in the Issaquah Highlands.



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List all chemicals, materials, and equipment used or stored in the operation of this business:

Acupuncture needles (disposable); Essential Oils, Therapeutic Liniments, Isopropyl (rubbing) Alcohol,
Bleach, Chinese Herbal Supplements, Massage Table, Cupping Sets, Sharps Containers for Needles &
Biohazard Waste

Indicate any physical evidence visible, audible or otherwise noticeable to any adjacent residence(s) resulting from equipment or material used, or activities performed, in the operation of this business:

None.

EMPLOYEE INFORMATION

List persons (other than customers) involved in the business on the premises. Include yourself, any family members, subcontractors, etc. No more than two individuals engaged in the business entity may work on the premises at any given time. Attach additional sheet if necessary:

Worker #1, Position & Relationship (if any)

Position: _____ Hours per week: 20

Worker #2, Position & Relationship (if any)

Position: _____ Hours per week: _____

VEHICLE INFORMATION

Give a description of the nature and volume of traffic related to your home business during a typical day. Indicate the size of delivery vehicles and the number of trips per day. Be sure to include visitors, delivery trucks, customer vehicles, etc: Approximately one delivery every 1-2 weeks via FedEx or
similar courier. Approximately 1 client visit per day.

Describe any vehicles related to this business operation: Only personal vehicles.

Indicate the approximate number of daily automobile visits to and from the property: 1

Describe the worst case traffic scenario you would expect: If business grows, 2 vehicles per day max.

Describe available off street parking: Seven (7) designated spots for retail customers and additional
parking in lot adjacent to retail building along NE Discovery Drive between 10th Ave NE and 10th Pl. NE;
Thirteen (13) unmarked visitor spots located within the Brownstones development.



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Applicant Signature: _____ Date: 16 Nov 2016

BED 4 + Bonus Room

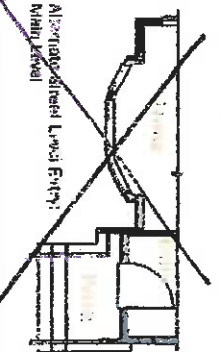
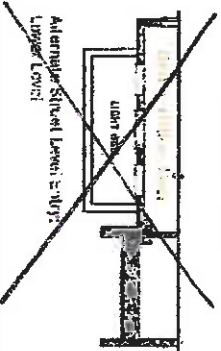
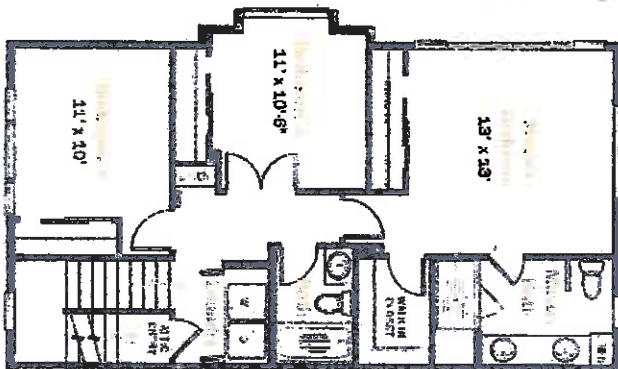
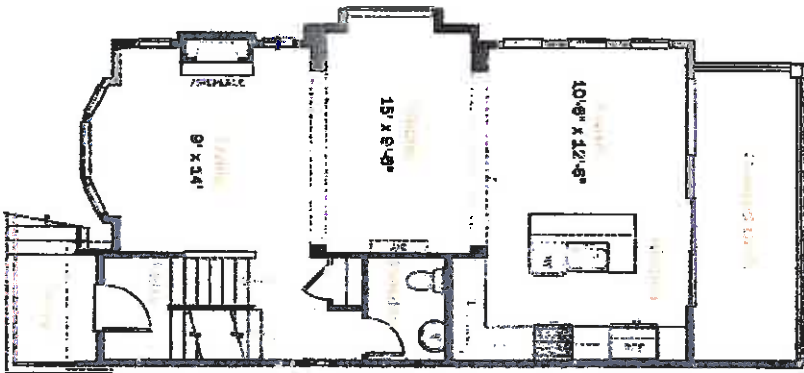
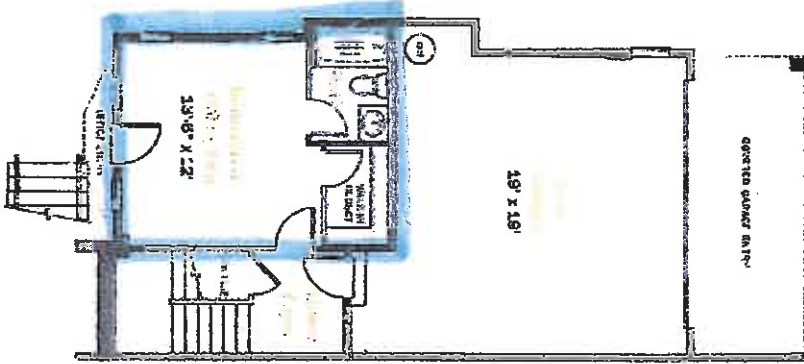
BATH 2

KITCHEN

2 car side-by-side garage
Lower level bedroom/office den with connected bath and separate entry (see section 10)
3 full baths + powder room (main level)
Living room with built-in fireplace
Active level den with storage

SALE OFFER

3,300 sq. ft. finished
10,000 sq. ft. lot
P. 4201 225 7,444 P. 4201 205 7,207
Brownsstones.com



- total building 2172 sq.ft.
- business space approx. 200 sq.ft.

PolygonHomes.com

POLYGON NORTHWEST

Units, sizes, volumes, decks, porches, windows and square footage may vary per section type. In a multi-unit project, the purchaser, Polygon Northwest reserves the right, in its sole discretion, to make changes or modifications to plans, specifications, materials, fixtures and/or finishes without notice. All measurements are approximate and are not to scale. Each unit is developed by a separate limited liability company (LLC) or is a separate corporate entity. P-20 (08/24)

