Please fill out the General Application Form as well.
The General Application Form, combined with this Form, would become the Home Occupation Permit, if approved.

**Business Name:** (this must be your name unless you have filed a fictitious business name)

**Business Description:**

**Purpose:** In general, a home occupation shall be located and conducted such that the average neighbor, under normal circumstances, would be unaware of its presence. The standards applied are intended to insure compatibility with other permitted uses in residential areas and preserve the residential character of the neighborhood. (City of Petaluma Implementing Zoning Ordinance Section 7.050)

Please provide specific details on how your business operates from home:

Please answer the following questions:

1. □ Yes  □ No  Does your business require a special permit (e.g. health, ABC, Federal Firearm, etc.) or involve any of the following?

   - □ Auto or vehicle repair, or tune-up.
   - □ Barber shop/beauty salon.
   - □ Card-reading astrological services.
   - □ Class instruction on premises for more than two students at a time.
   - □ On-site painting services (auto, boat, appliances, etc.).
   - □ Care, treatment, or boarding of animals for a fee.
   - □ Any food handling, processing, or packing. (Except as permitted by Cottage Food Law)
   - □ Gun repair, sale of guns or ammunition (sale of five or fewer guns a year is exempt from this section). (Ord. 19623 N.C.S., 10/94)
   - □ Activities involving substantial amounts of dangerous or hazardous materials, including but not limited to pesticides, herbicides, poisons, and highly flammable materials.

2. □ Yes  □ No  Will the business be conducted primarily within the main dwelling?

3. □ Yes  □ No  Will the business involve the use of any yard space or outside area?

   If yes, please explain: ______________________________________________________
4. □ Yes □ No Will you be storing equipment/supplies outside of your home?

If so, what will you be storing and where? _________________________________

5. □ Yes □ No Do you plan to use your garage for business purposes or storage?

If garage space will be used for storage, please state:

The number of bedrooms and accessory dwelling units exist on your property: ______
The number of parking spaces still available on your property: ______

6. □ Yes □ No The home occupation shall not be identifiable from the property line by any means including, but not limited to, sight, noise, light, smoke, and traffic, parking demand, odor, vibration, electrical interference, dust, glare, liquid or solid waste. A person standing just beyond the boundary line of the property should not be aware of the home occupation, excepting a sign as permitted by Section J.

Does your business conflict with this requirement?

7. □ Yes □ No Will you be using your personal vehicle for business purposes?

If yes, what kind of vehicle do you have? _________________________________

Please note: the vehicle must be non-commercial, ¾ ton or less.

8. □ Yes □ No Do you intend to make any internal or external alterations to your home for the purposes of this home occupation?

9. □ Yes □ No Do you intend to have employees other than yourself?

If so, how many employees live at this residence? ______

How many employees live elsewhere from this residence? ______

10. □ Yes □ No Are articles for sale produced off-premises?

11. □ Yes □ No Do you act as an intermediary between off-site suppliers and customers?

□ Yes □ No If so, are any items for sale received, stored, or sold on the premises? (not including samples)

12. □ Yes □ No Will you see customers/clients at your home? If so please state:

Frequency of visits: Per day _____ Per week _____ Per month _____

13. □ Yes □ No Will you be receiving business related deliveries at your home?

Frequency of deliveries: Per day _____ Per week _____ Per month _____

14. □ Yes □ No Do you intend to advertise this business?

Applicant’s initials If so, please initial to acknowledge that NO advertising shall be used which informs the public of the address of the home occupation (business cards and stationary letterhead excluded).
15. □ Yes □ No  Do you intend to have a sign advertising your business?

   Applicant’s initials  

   _____________

   If so, please initial, stating that you understand the following: A non-illuminated identification sign of not more than 1-1/2 square feet in area may be placed flat against an outside wall of the house, which may be used to identify the occupant and the home occupation.

16. □ Yes □ No  Have you filled out the General Application Form?

17. □ Yes □ No  Have you provided payment with the application?

   (Note: Paying by check or cash avoids a credit card transaction fee).

Acknowledgement Required

Revocation of Permit:

Upon receipt of complaint regarding the operation of the home occupation or upon observation of a violation of City ordinances, the Planning Manager or designee shall determine whether the subject home occupation is in compliance with the provisions of this permit. If the use is found not to be in full compliance with the conditions of approval, the Planning Manager shall have cause to suspend or revoke the zoning permit or amend operational conditions. Once a home occupation permit has been revoked, continued practice of the home occupation at that location is no longer permitted and subsequent applications shall not be filed within one (1) year from the date of revocation.

Property Owner Signature Required:

The City of Petaluma requires the property owner’s signature when issuing a Home Occupation Permit. This signature serves to verify that the property owner has been informed of the operational characteristics of the proposed business on their property, as outlined in the Home Occupation Permit on the previous pages. The City of Petaluma obtains property ownership information from the Sonoma County Tax Assessor’s office. If we cannot verify current ownership information, we require documentation to verify ownership.

Property Owner’s Signature  

________________________________________   

Date   

I certify that: (a) the above business description is true and correct; and (b) that I understand and agree to abide by the standards at Implementing Zoning Ordinance Section 7.050.

________________________________________   

Applicant’s Signature  

Date   

City of Petaluma Planning Division
11 English Street, Petaluma, CA 94952
Hours: 8 am – 5 pm
Mondays through Thursdays. Closed Fridays