



HOME OCCUPATION PERMIT APPLICATION FORM

Fee: [See Fee Schedule.](#)
(includes 9% Overhead Fee)
Processing Time: Over the counter

Please fill out the [General Application Form](#) and submit online at CityofPetaluma.org/Permits
The General Application Form, combined with this Form, becomes 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 ensure 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?

If “Yes”, a Home Occupation Permit CANNOT be issued.

- | | |
|---|--|
| <input type="checkbox"/> Auto or vehicle repair, or tune-up. | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Barber shop/beauty salon. | <input type="checkbox"/> Activities involving substantial amounts of dangerous or hazardous materials, including but not limited to pesticides, herbicides, poisons, and highly flammable materials. |
| <input type="checkbox"/> Card-reading astrological services. | |
| <input type="checkbox"/> Class instruction on premises for more than two students at a time. | |
| <input type="checkbox"/> On-site painting services (auto, boat, appliances, etc.). | |
| <input type="checkbox"/> Care, treatment, or boarding of animals for a fee. | |
| <input type="checkbox"/> Any food handling, processing, or packing. (Except as permitted by Cottage Food Law) | |

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