



Community & Economic Development
Department Planning Division
6615 Passons Boulevard
Pico Rivera, CA 90660
T: (562) 801-4332 F: (562) 949-0280

HOME OCCUPATION PERMIT APPLICATION

Fee: \$110 Application No. _____

Address of Home Occupation: _____

Applicant Name: _____

Property Owner's Name: _____

Company Name: _____ Home Phone: _____

Zone Classification: _____ Business Phone: _____

Describe the nature of the business to be conducted from the residence: _____

Describe any vehicle(s) to be used in the business, including approximate weight and storage location. _____

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Will there be employment of help other than the members of the resident family? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Will there be any use of materials or mechanical equipment not recognized as being a part of normal household or hobby uses? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Will there be any sale of products or services from the premises? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. Will the home occupation create pedestrian or vehicular traffic other than normal to a single family residential use? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

- | | | |
|---|---------------------------------|--------------------------------|
| 5. Will there be any storage of materials or supplies either indoors or outdoors? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 6. Will there be any advertising signs or structures? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 7. Will more than one room in the dwelling be used for the home occupation? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 8. Will the single family residential character of the main building or of said premises be altered by said use or occupancy? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 9. Will there be any use of utilities or community facilities beyond that normal to the use of the property for residential purposes? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

If any of the above questions are answered yes, please explain below: _____

The above answers are true to the best of my knowledge and I understand that any violation of the regulations governing a home occupation will be sufficient reason to revoke the home occupation permit and business license, and continued operation thereafter may be a misdemeanor. I agree to comply with the following regulations if my Home Occupation Permit application is approved:

1. I will apply for and maintain a current City Business License.
2. No signs or advertisement of any form or nature whatsoever shall be displayed anywhere on the property in connection with the Home Occupation.
3. I understand that the Home Occupation Permit shall only be applicable and remain in force so long as I, the applicant, am a resident of the premises for which the permit is issued and that this permit is not transferable to any other person or property.
4. The operation of this Home Occupation Permit shall be limited to only the residents of the premises for which this permit is issued and shall not engage more than three (3) such resident persons.

5. There shall be no on-premise sales, displays or consultation except by phone, mail, email or fax, nor shall there be any on premise manufacturing, fabrication or processing.
6. All operations in relationship to this permit shall be conducted entirely within the inside of the dwelling and shall not exceed the use of more than 15% of the ground floor of the dwelling.
7. No area outside the dwelling shall be used for the Home Occupation in any manner whatsoever except for one (1) vehicle, not exceeding 6,000 pounds, used in connection with the operation of the home occupation, vehicle to be completely stored within garage.
8. No customers or clients are to come to the residence at any time.
9. There shall be no use of utility or communication facilities beyond that reasonable to the use of the property for residential purposes.
10. No interior or exterior alterations or remodeling of any type whatsoever shall be permitted in connection with a Home Occupation.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Or:

Manager/Association: _____ Date: _____

**NOTE: AN INSPECTION OF THE PREMISES MAY BE CONDUCTED
TO DETERMINE QUALIFICATION.**

(For Department Use Only)

Received By: _____ Date: _____

Decision: Approved / Denied

Decision by: _____ Date: _____