



City of Citrus Heights

6360 Fountain Square Drive, Citrus Heights, CA 95621

Telephone: (916) 727-4907 Fax: (916) 725-5799

BUSINESS LICENSE HOME OCCUPATION CLEARANCE FORM

Prior to the approval of a Business License for a business that will be conducted in a residence; this form must be filled out and approved by the Planning Department. Please submit with original signatures only.

Please type or print

Name of Business _____

Name of Business Operator _____

Street Address _____ Zip Code _____

Home Phone: _____ Business Phone: _____

Type of Business (describe services/products in detail)

Please answer the following:

1. Will there be more than one home occupation conducted from the home? Yes No
2. Will the home occupation be operated by more than two individuals? Yes No
3. Are the applicant(s) occupants of the home? Yes No
4. What portion of your home will the business occupy? _____
5. Will the business use more than 20% (maximum of 400 sq. ft.) of living space? Yes No
6. Will the home occupation require any addition, alteration, or remodeling? Yes No
7. Will the home occupation result in the elimination of any required off street parking? Yes No
8. Are any signs advertising the home occupation proposed? Yes No
9. Will the home occupation involve the storage of flammable or hazardous materials? Yes No
(If yes, the Fire District must approve, in writing the amount and method of storage of these materials)
10. Will any business related vehicle be stored at the home larger than a standard
pick-up truck or van? Yes No

- If yes – describe vehicle and weight:

11. Will any equipment or material relating to the home occupation, other than the permitted vehicles, be stored outside of the home? Yes No

• If yes – describe what and where it will be stored:

12. Will there be personal contact with customers/employees at the residence? Yes No

• If yes – describe how many and how often:

13. Will there be delivery of materials to the residence exceeding more than 1 time per week? Yes No

• If yes – describe what how often and method of delivery:

14. Will the home occupation create adverse levels of noise or odors above the normal levels in the surrounding neighborhood? Yes No

• If yes – describe what and why:

15. Have you ever had a home occupation within the City of Citrus Heights? Yes No

• If yes – Name and address of business:

16. Do you own the home where the home occupation will be conducted? Yes No

• If no – Do you have permission from the property owner to operate the business? Yes No

CERTIFICATION

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the conditions and limitations as set forth in the City of Citrus Heights Zoning Code, section 106.42.100, of which I was given a copy.

Applicant's Signature: _____ Date _____

OFFICE USE ONLY

Approved Denied

Staff Signature: _____ Date _____

If denied, indicate the reasons for denial: _____

NOTE: IF APPROVED A BUSINESS LICENSE MUST BE OBTAINED