



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 Operator _____

Street Address _____ Zip Code _____

Phone Home _____ Business _____

Name of Business _____

Type of Business (describe services/products in detail)

Please circle YES or NO to the following:

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|---|-----|----|
| 1. Will there be more than one (1) home occupation conducted from the home? | YES | NO |
| 2. Will the home occupation be operated by more than two (2) 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 exterior 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?
If yes, the Fire District must approve, in writing, the amount and method of such storage of materials. | YES | NO |
| 10. Will any business related vehicle be stored at the home?
If yes, is it larger than a standard pick-up or van? | YES | NO |
| 11. Will any equipment or material relating to the home occupation, other than the permitted vehicles, be stored outside of the home? | YES | NO |

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|--|-----|----|
| 12 Will there be personal contact (other than phone use) with customers/employees at the applicant's residence?
If yes, please explain _____ | YES | NO |
| 13 Will there be delivery of materials to the residence?
If yes, will the frequency of delivery exceed one (1) time per week? | YES | NO |
| 14 Will the home occupation create adverse levels of noise or odors above the normal levels in the surrounding neighborhood? | YES | NO |
| 15 Have you ever had another home occupation within the City of Citrus Heights?
If yes, what address is it under? _____ | YES | NO |
| 16 Do you own your home where the home occupation will be conducted?
If no, have you received 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 305-70 to 305-75.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Approved/Denied _____ Date _____

If denied, please indicate the reasons for denial _____

NOTE: IF APPROVED. A BUSINESS LICENSE MUST BE OBTAINED