

HOME OCCUPATION CLEARANCE FORM

NAME OF HOME OCCUPATION _____

APPLICANT'S NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE NUMBER: _____

WEBSITE: _____

PROVIDE A DETAILED DESCRIPTION OF THE BUSINESS AND HOW IT WILL FUNCTION, INCLUDING THE ACTIVITIES THAT WILL TAKE PLACE WITHIN THE HOME: _____

Yes OR No

1. WILL THERE BE MORE THAN TWO (2) HOME OCCUPATIONS CONDUCTED FROM THE HOME?
2. WILL THE HOME OCCUPATION(S) BE OPERATED BY MORE THAN TWO (2) INDIVIDUALS?
3. WILL THE HOME OCCUPATION REQUIRE THE USE OF MORE THAN 15% OF THE TOTAL FLOOR AREA OF THE DWELLING?
 - ❖ Where in the home will the business be conducted (cannot be conducted in the garage or outside of the residence)?

4. WILL THE HOME OCCUPATION REQUIRE ANY ADDITION, ALTERATION, OR EXTERIOR REMODELING?
 - ❖ If yes, a building permit will need to be processed.
5. WILL THE HOME OCCUPATION RESULT IN THE ELIMINATION OF ANY REQUIRED OFF-STREET PARKING?
 - ❖ If yes, the home occupation may not be approved.
6. WILL THE HOME OCCUPATION REQUIRE THE STORAGE OF FLAMMABLE OR HAZARDOUS MATERIALS AT THE RESIDENCE?
 - ❖ If yes, the home occupation cannot be approved.
7. WHAT HOURS WILL THE HOME OCCUPATION OPERATE?
8. VEHICLE(S) RELATING TO THE HOME OCCUPATION(S) ARE ALLOWED AS LONG AS THEY ARE NOT LARGER THAN A STANDARD PICKUP OR VAN - WILL ANY BUSINESS-RELATED VEHICLE BE STORED AT THE HOME?
 - ❖ If yes, what type of vehicle? _____

9. WILL ANY EQUIPMENT OR MATERIAL RELATING TO THE HOME OCCUPATION, OTHER THAN PERMITTED VEHICLES, BE STORED OUTSIDE OF THE HOME?

❖ If yes, the home occupation cannot be approved.

10. WILL THERE BE DELIVERY OF MATERIALS TO THE RESIDENCE?

❖ If yes, provide the number of deliveries _____

❖ Frequency of deliveries _____

WILL THE DELIVERIES BE MADE BY VEHICLES LARGE THAN AN AUTOMOBILE, PICKUP, OR TYPICAL DELIVERY VAN?

❖ If yes, the home occupation cannot be approved.

11. WILL THERE BE PERSONAL CONTACT WITH CUSTOMERS AT THE APPLICANT'S RESIDENCE?

❖ If yes, contact the Community Development Department at (916) 434-2470 to discuss the proposed use and whether or not the home occupation can be approved.

12. WILL THE HOME OCCUPATION CREATE ADVERSE LEVELS OF NOISE OR ODORS ABOVE THE AMBIENT LEVELS IN THE SURROUNDING NEIGHBORHOOD?

❖ If yes, the home occupation cannot be approved.

13. WILL THE HOME OCCUPATION INVOLVE COMMERCIAL FOOD HANDLING, PROCESSING, OR PACKING?

❖ If yes, attach the Cottage Food Operation permit from Placer County.

14. DO YOU OWN THE HOME WHERE THE HOME OCCUPATION WILL BE CONDUCTED?

IF YOU DO NOT OWN THE HOME, PLEASE HAVE THE PROPERTY OWNER COMPLETE THE FOLLOWING TO ALLOW THE HOME OCCUPATION:

14A. PROPERTY OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER: _____

OWNERS' SIGNATURE: Letter of approval will be attached

I hereby apply for a home occupation permit. I certify that the information given herein is correct and complete; that I understand the terms and conditions applicable to a home occupation; and, further state that I agree to abide fully by all regulations contained in Lincoln Municipal Code Chapter 18.62.

I agree to notify the City if I abandon the business, I move, or if any other significant changes in the operation of the business.

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

This permit is not transferable to another location without City approval. It may not be assigned to another person and is only valid for the specific address listed.

APPROVED: _____ DATE _____

DENIED: _____ DATE _____