

Please write or print legibly



APPLICATION FOR HOME OCCUPATION

HOP NUMBER: HOP - _____ - _____

TO BE COMPLETED BY APPLICANT

APPLICANT NAME _____ PHONE # _____

SITE ADDRESS _____

PROPERTY OWNER _____ PHONE # _____

PROPERTY OWNER ADDRESS (if different than above) _____

TYPE OF DWELLING Single Family Condo Apartment

TYPE OF HOME OCCUPATION _____

Please answer the following questions:

1. Total # of employees/subcontractors/consultants _____
 2. Room of home devoted to occupation (den, bedroom, garage, etc.) _____
 3. Approximate square footage of this room _____
 4. What type of mechanical devices will be used? _____
 5. What type of supplies or materials will be stored; where and how will they be stored? _____
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6. Will a commercial vehicle be utilized? If yes, what type? _____
 7. Who are your major suppliers and where are they located? _____

Please enclose the following with your application:

- ▶ Floor plan of the subject property & indicate % of space used for business.
- ▶ Letter of intent describing the business and typical types of activities.
- ▶ City Business License (Business Tax Certificate Application)

NOTE: If you are a renter, the owner or landlord of the residence must also sign this application. If the residence is a condominium/townhouse, an authorized representative of the Homeowner's Association must also sign this application.

I certify that the foregoing statements and answers herein contained and any other information herewith submitted as part of this application are in all respects true and correct to the best of my knowledge and belief I further certify that the above Home Occupation will be conducted in compliance with the applicable provisions of the Grand Terrace Municipal code, and I understand that any violation of the provisions of the Municipal Code constitutes a misdemeanor and may result in criminal prosecution by the City of Grand Terrace, as well as revocation of this permit.

APPLICANT'S SIGNATURE: _____ DATE: _____

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APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE (if applicable) _____ DATE: _____

 **TO BE COMPLETED BY STAFF** 

RECEIVED BY: _____ APPROVED BY: _____ **PLANNING FEE \$50.00**



HOME OCCUPATION PERMIT STANDARD CONDITIONS

Name of Business: _____ HOP Number: _____

Business Address: _____ HOP Type: _____

Prior to approval a request for a Home Occupation Permit the Community Development Director or his/her designee shall find that the proposed use meets the following criteria:

A. Only those members of the household who also reside on the premises may perform work at the subject Home Occupation premises. Non- residents associated with the subject HOP may not perform any duties or services on the premises subject to the Home Occupation Permit.

B. There shall be no direct sales of products or merchandise.

C. Pedestrian and vehicular traffic will be limited to that normally associated with residential districts, within the Vehicle Policy criteria formally adopted by the Planning Commission.

D. The Home Occupation shall not involve the use of commercial vehicles for the delivery of materials to or from the premises beyond those commercial vehicles normally associated with residential uses or allowed within the Vehicle Policy for Home Occupations.

E. Up to twenty-five percent of the living space or two hundred fifty square feet, whichever is greater, of the residence may be used for storage of materials and supplies related to the home occupation.

F. There shall be no outdoor storage of materials or equipment, nor shall merchandise be visible from outside the residence.

G. The home occupation shall be confined within the main residential building. A detached garage shall be considered as part of the main residential building.

H. The appearance of the structure shall not be altered nor shall the occupation within the residence be conducted in a manner which shall cause the premises to differ from its residential character either by the use of colors, materials, construction, lighting, signs or the emission of sounds, noises and vibrations,

I. The use of utilities and community facilities shall be limited to that normally associated with the use of the property for residential purposes.

J. There shall be no public advertising of the business address which is the subject of a home occupation permit. Only the services provided and phone number can be subject of advertising. In case applicant desires to include the HOP mailing address in his/her advertisement it may not include the physical address of HOP. A post office box or other mail collection system shall be used instead. Advertising signs on the subject property shall be prohibited.

K. Type II HOPs shall be re-evaluated at the end of the first year of operation. No further fee is required. In the event that the Community Development Director or his/her designee determines, based upon evidence presented, and after hearing with the Permittee, that there are significant negative impacts on the neighborhood, the Home Occupation Permit shall be revoked.

L. Community Development Director may add other criteria according to specific circumstances-to avoid potential negative impacts in the neighborhood.

Special Conditions: _____

Acceptance of Conditions

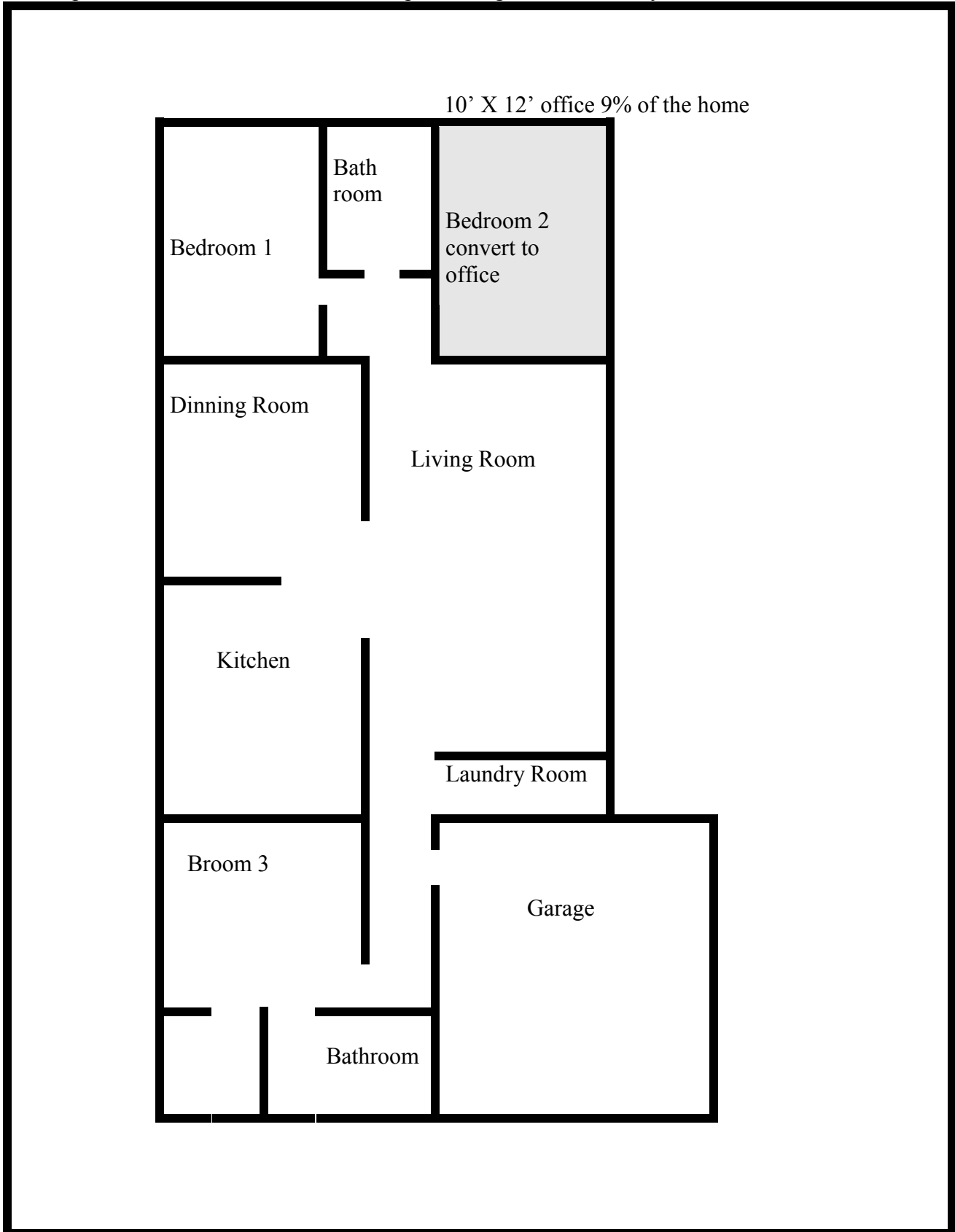
I am the owner of the HOP business described above. I am aware of and accept all of the conditions set forth herein. It is further understood that all of the aforementioned special conditions which require installation and improvements shall be completed in a manner satisfactory to the Community Development Department of the City of Grand Terrace and shall not be deemed complete until approved and accepted as completed by said Department.

Signature of Applicant Date

Signature of Partner or Association Representative or Renter or Spouse Date

Planning Director Date

Example of Floor Plan: Indicate size of space being used and % of your home the office will take.



Below is an example of a "Letter of Intent" please follow this format. Explain in detail what you are proposing so the Planning Department can better understand the nature of your business.

Tell us what you do, how you will provide your service, where you office will be, who will be employed and then date and sign

Thursday, March 17, 2004

Planning Director

Example letter:

It is my intention to purchase plastic widgets from a widget manufacturer and drop ship each order to the customer via the US Post Office. My products will be made available through the Internet and mail order catalogs and will not be stored nor sold from my house. I will be converting an empty bedroom into my office where I will receive and make phone calls, faxes and e-mails and store all of my fills. I will not be using a commercial vehicle in my new business. My only employees will be my spouse and myself.

Sincerely,

John Q. Public