



HOME OCCUPATION PERMIT APPLICATION

Development Services Department / Planning Division
3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818

A City of Lemon Grove Business License is required for all Home Occupations. Please fill out the following application, answering all the questions completely and accurately. If applicant or property owner is a trust, partnership, or corporation, please attach recorded documents tying the entity to the signatory.

NAME OF BUSINESS:

PHONE:

ADDRESS:

FAX:

EMAIL:

APPLICANT(S) NAME:

PROPOSED BUSINESS DESCRIPTION:

PRODUCTS TO BE MANUFACTURED OR ASSEMBLED ON-SITE:

BUSINESS MATERIALS OR SUPPLIES TO BE STORED:

PRODUCTS TO BE SOLD (% RETAIL/% WHOLESALE) AND SERVICES TO BE PROVIDED:

VEHICLES, MACHINERY, OR EQUIPMENT TO BE USED (TYPE, SIZE, NUMBER, CAPACITY, INTENDED USE HORSEPOWER):

PERCENTAGE OF THE LIVING AREA UTILIZED FOR THE BUSINESS:

DAYS AND HOURS OF OPERATION:

ANTICIPATED DELIVERIES (CARRIER, FREQUENCY, ITEMS TO BE DELIVERED):

WILL HAZARDOUS OR TOXIC MATERIALS BE PRESENT ON THE SITE? IF YES, DESCRIBE THEM:

ARE YOU THE PROPERTY OWNER(S) AT THIS ADDRESS? YES NO

I/WE ARE AWARE OF THE PROPOSED BUSINESS TO BE LOCATED ON OUR PROPERTY AND APPROVE OF THIS APPLICATION BEING FILED AND THE PROPOSED BUSINESS ACTIVITIES. I/WE DECLARE UNDER PENALTY OF PERJURY THAT, TO THE BEST OF OUR KNOWLEDGE, THE FOREGOING INFORMATION IS TRUE AND CORRECT.

PROPERTY OWNER(S) NAME(S):

MAILING ADDRESS:

PHONE:

EMAIL:

PROPERTY OWNER SIGNATURE:

DATE:

PROPERTY OWNER SIGNATURE:

DATE:

A Home Occupation is an accessory use to a residential dwelling and is not detrimental to the residential character of the neighborhood by virtue of traffic flow, noise, odor or other adverse conditions. A City Home Occupation Permit and agreement to the following criteria is required in order to operate a Home Occupation.

Regulations (Chapter 18.20 of the Lemon Grove Municipal Code)

1. No employees shall be employed on the premises.
2. All home occupation activities shall be conducted entirely within the residential structures, except for permitted agricultural or horticultural uses.
3. Home occupations may not utilize an area greater than twenty percent of living area. Garage and other accessory buildings may be utilized for the home occupation provided minimum parking standards are maintained.
4. Storage of inventory or supplies shall not occupy more than one-half of the business area.
5. No storage of materials or display of any kind shall be visible from the exterior of the property.
6. Home occupations shall not generate noise or sounds which exceed the noise level limits nor create any sounds which disturb the peace, quiet and comfort of neighboring residents or persons of normal sensitivity residing in the area.
7. Home occupations utilizing mechanical or other sound-producing equipment which can be heard outside the boundaries of the premises shall not be conducted between the hours of 8 p.m. and 8 a.m.
8. Mechanical equipment utilized in the conduct of the home occupation shall not exceed two horsepower combined capacity in operation at any one time.
9. Home occupations shall not cause electrical interference which disrupts or otherwise adversely affects radio and television reception within the neighborhood.
10. No signs shall be used to identify or advertise home occupations.
11. No equipment rental of any kind shall be permitted as a home occupation.
12. Ceramic kilns shall not exceed six kilowatts or gas fired equivalent.
13. No trucks or other vehicles exceeding one ton manufacturer's rated capacity shall be used in connection with a home occupation.
14. Home occupations shall not create a need or demand for municipal or utility services or community facilities in excess of those customarily provided for residential uses.
15. All aspects of home occupation shall comply with all applicable codes and ordinances including, but not limited to, the Uniform Building Code, the Uniform Housing Code, and the Uniform Fire Code.
16. Property addresses, other than post office box numbers, shall not be used in any advertising, i.e., telephone directory, newspaper advertisements, bulletin boards, signs on vehicles and all other methods of advertising. Business cards and telephone white page listing are excepted.
17. Sales and service activities on-site shall be restricted to no more than six clients per day (six persons total). Music, art, and academic instruction shall be restricted to no more than 12 clients per day (12 persons total). No more than an average of two clients shall be permitted on the premises at any one time.
18. Deliveries associated with the business shall be limited to an average of one per week.
19. The Home Occupation shall represent itself as a residential use and shall not be detrimental to the residential character of the neighborhood by virtue of traffic flow, noise, odor, or other adverse conditions.

I HEREBY AGREE TO ABIDE BY THE REGULATIONS STATED ABOVE. I DECLARE UNDER PANALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFOMRATION IS GROUND FOR DENIAL TO ISSUE OR REVOCATION.

APPLICANT'S NAME:

APPLICANT'S SIGNATURE:

DATE:

TO BE COMPLETED BY PLANNING STAFF

ZONE:

LAND USE:

APN:

DATE:

APPROVED

DISAPPROVED

FEES:

RECEIPT #:

CONDITIONALLY APPROVED (See Below)

COMMENTS and/or CONDITIONS:



CITY OF LEMON GROVE

3232 Main Street • Lemon Grove, CA 91945
Attn: Business License • (619) 825-3800

BUSINESS LICENSE APPLICATION

- New Application
- Change of Business Name

Business Name _____ Business Location _____ <small>(Not P O Box)</small> City _____ State _____ Zip _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Bus. Phone (_____) Bus. Fax (_____) E-Mail Address _____	Enter number of Employees <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	Enter number of Vehicles <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
	Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO Business In Operation Preceding year <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> In-City <input type="checkbox"/> Out of City <input type="checkbox"/> Home Occupation	

Start Date _____	Description of Business _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	
State Lic. No. _____	License Type _____ Expiration Date _____
Resale No. _____	Federal I. D. No. _____ State I. D. No. _____

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

Owner Name _____	Title _____	Phone (_____) _____
Home Address _____		Cell Phone (_____) _____
City _____	State _____	Zip _____
Owner Name _____	Title _____	Phone (_____) _____
Home Address _____		Cell Phone (_____) _____
City _____	State _____	Zip _____

In case of emergency, please contact:

Name _____	Title _____	Phone (_____) _____
Address _____		Cell Phone (_____) _____

Alarm Company (if applicable):

Name _____	Phone No. (_____) _____
Address _____	License No. _____

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Date: _____ Signature of Owner or Representative: _____

OFFICIAL USE ONLY		License Reviewed & Approved By:	
Business License No. _____	Planning Dept. _____ / _____	Code Enforcement _____ / _____	Fire Dept. _____ / _____
Receipt # _____			
Date Paid _____			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC / VISA			
COMMENTS: _____			

Base Fee	\$ _____
Employee Fee	\$ _____
Per Item Fee	\$ _____
Processing Fee	\$ 30.00
Storm Water Fee	\$ _____
Fire Fee	\$ _____
State CASp Fee	\$ 4.00
TOTAL AMOUNT DUE	\$ _____

Name as it appears on Credit Card: _____

Account # _____

Expiration Date: _____

Amount Authorized: \$ _____

Authorized Signature: _____

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.ca.gov/net.gov - The California Commission on Disability Access at www.cdda.ca.gov.

City of Lemon Grove

Supplement to Business License Application

NOTE: Failure to answer all questions accurately and completely may result in rejection of this application.

1. Describe products to be sold: (% of retail % of wholesale)

2. Describe any service you will provide:

3. Describe any products to be manufactured or assembled:

4. Describe any machinery or equipment to be used: (type, size horsepower, number)

5. Describe materials or supplies to be stored and proposed storage location:

6. If any vehicles will be used in the conduct of your business, describe them (number, size, capacity, intended use, where they will be stored (daytime/nighttime), etc.

7. Hours of operation:

8 Please indicate if hazardous or toxic materials will be present on the business site. Y N
If Yes, list all materials present.

9. On graph paper provided, draw to scale a proposed floor plan of the proposed business. Please indicate all uses (i.e. storage, manufacturing, retail, etc.).

10. Please give additional details to fully describe the nature of the proposed business.

I declare under penalty of perjury that the foregoing information is true and correct.

Signature of Applicant

Date

I/We are aware of the proposed business to be located on our property and approve of this application being filed. I/We declare under penalty that the foregoing information is true and correct and understand that any false information is grounds for denial to issue or revocation if discovered after issuance.

*******If you are signing as Authorized Agent please provide proof of authorization.**

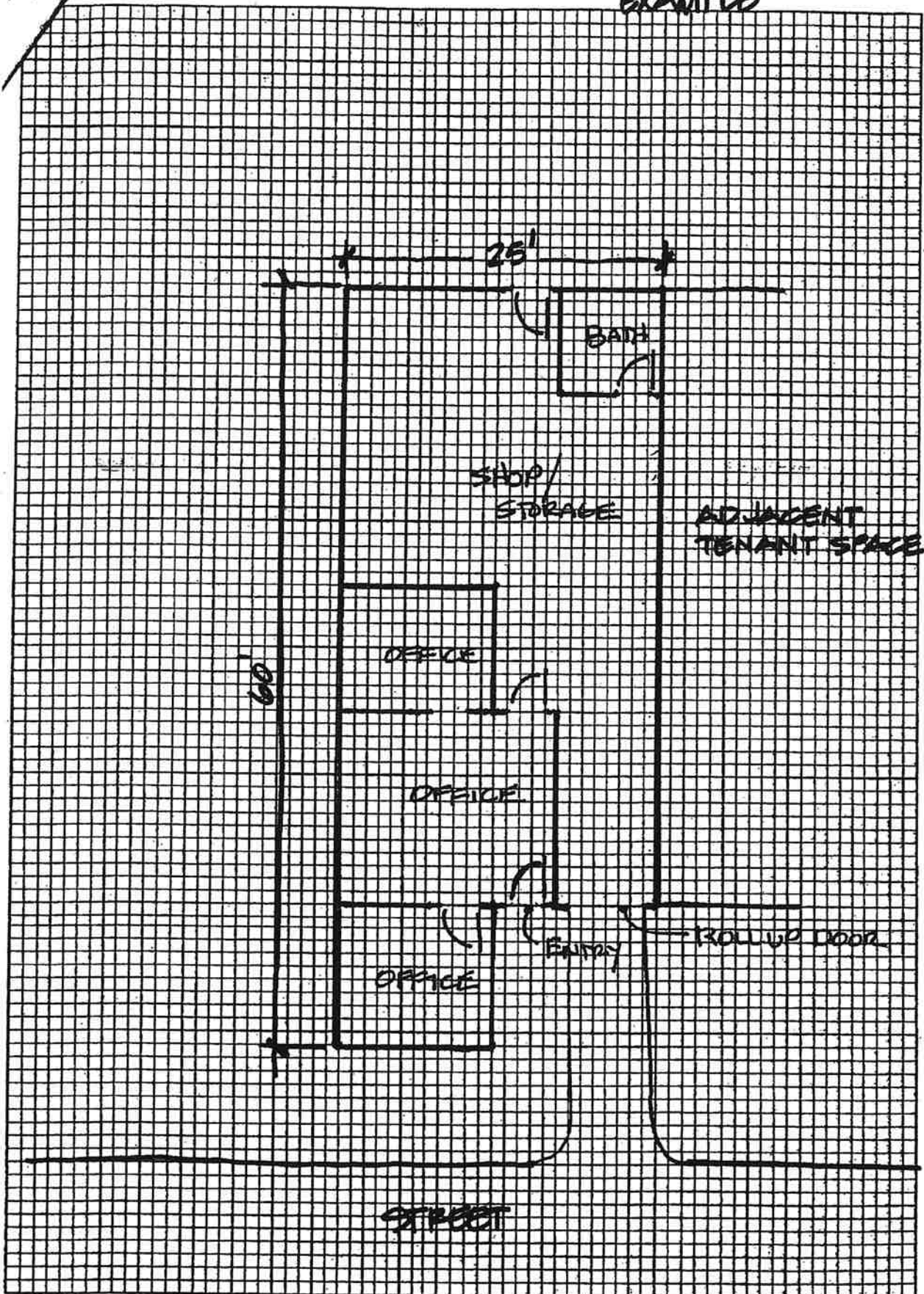
Signature of Property Owner or Authorized Agent ***

Date

Print Name of Property Owner or Authorized Agent

Date

EXAMPLE



Proposed Floor Plan: Draw to scale. List uses (sales area, storage, etc.)

