



6000 Heritage Trail, Clayton, CA 94517
 925-673-7300 www.claytonca.gov

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Home Occupation Permit Application

1. GENERAL INFORMATION

Please complete the items listed below. Application and processing fees must be paid when the application is submitted.

Applicant	Name:	
	Address:	
	Phone:	Email:

Property Owner	Name:	
	Address:	
	Phone:	Email:

2. REQUIRED INFORMATION

Please fill out the information below regarding your Home Occupation Permit.

BUSINESS NAME:	
DAYS OF OPERATION: From: _____ To: _____	HOURS OF OPERATION: From: _____ To: _____

3. DESCRIPTION OF HOME OCCUPATION

Average number of clients visiting the residence daily: _____ Maximum: _____	
Hazardous materials or chemicals used or stored on-site? ____ Yes ____ No If Yes, specify below:	Materials or mechanical equipment used or stored on-site? ____ Yes ____ No If Yes, specify below:
Please describe the types of activities or services provided below. Attach a separate sheet as necessary:	

4. Compliance Assessment:

Please initial each true statement below:

_____	The Home Occupation will be subordinate and incidental to the primary use of the dwelling unit for residential purposes.
_____	The Home Occupation will be compatible with and not change the character of adjacent residential areas.
_____	The Home Occupation will not use more than one room or 25% of the habitable floor area of the principal residence, whichever is greater.
_____	The applicant is a resident of the premises, and any employees who work on the premises are also residents of the premises.
_____	There will be no merchandise or services for sale except that produced or made on the premises, which can be shipped directly, electronically, or sold at a different location.
_____	There will not be any signage or exterior indication of a home occupation, including outside display or storage of goods or materials associated with the home occupation.
_____	The Home Occupation will not create any noise, odor, dust, fumes, vibrations, electrical interference, or other interference with the residential use of adjacent areas.
_____	The Home Occupation's use of utilities or community facilities will not be beyond that normal for residential use of the property.
_____	The Home Occupation will not decrease the number or size of parking spaces needed to meet the minimum off-street parking requirements for the residence.
_____	The number of deliveries will be at most four per day, and delivery vehicles will be limited to those types of vehicles that typically make deliveries to residential areas (such as light vans or postal or parcel trucks).
_____	The Home Occupation will not generate client/student traffic to the residence.

5. Certification:

The applicant hereby agrees to comply with all the applicable sections of the City of Clayton Municipal Code.

I (We): <ul style="list-style-type: none"> • Consent to the submission of this application. • Understand that an incomplete application may be denied. • Hereby declare under penalty of perjury under the laws of the State of California that the information in this application and its attachments are true, complete, and correct. • Certify to have read and understand Title 17, Chapter 17.71, found in the City of Clayton Municipal Code. 	
I (We): <ul style="list-style-type: none"> • Understand that following receipt of a complete application, staff will review the application for compliance with Clayton Municipal Code, prior to making a decision on the permit. • Understand that the decision of the Community Development Director may be appealed to the Planning Commission within 10 days of the permit notice of decision. 	
APPLICANT SIGNATURE:	DATE:
PROPERTY OWNER SIGNATURE:	DATE:

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Approved by: _____ Date: _____ Notes: _____