City of Los Altos
Planning Division

(650) 947-2750
Planning@losaltosca.gov

APPLICATION FOR HOME OCCUPATION

PROCESSING FEE: $100.00

Home Occupation Address: _____

Owner's Name: _____ Phone Number: _____

Name of Business: _____

1. Type of Business. Please be specific (i.e. mail order sales, computer consultant, etc.)

   _____

2. Please describe **in detail** what business activities will take place **on your property**.

   _____

   _____

3. Will deliveries be made **to your property**? No ____ Yes____ If yes, how often per month _____
   What types of things will be delivered and how much?

   _____

   _____

4. Will you store materials **on your property** in connection with your business? If so, what and at what quantity? (Hazardous materials are **not** allowed)

   _____

   _____

5. What machinery will be used **on your property** in connection with your business?

   _____

6. Do you understand and agree that the above home occupation will be carried on only by the occupants of the property, and that **no assistants or employees** will visit or use the property for the purpose of conducting business. Yes ____ No ____

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Date Signature

CITY USE ONLY

Home Occupation: Approved or Denied (circle one)

Signature of Planner _____ Date _____