



APPLICATION FOR HOME OCCUPATION ZONING COMPLIANCE VERIFICATION

This application shall be typed and submitted in digital format (.PDF) to Businesslicense@losaltosca.gov

Home Occupation Address: _____ Zip Code _____

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 the property**. *(if more space is needed, include on a separate sheet)* _____

3. Will clients/customers be visiting the property related to the operation of the business? If yes, how many are anticipated on a weekly/monthly basis? _____
4. The following requirements apply to businesses that are seeking approval as a Home Occupation:
 - The business operator will live in the dwelling as their primary residence;
 - No employees will work at the dwelling who do not live there as their primary residence;
 - The business will be clearly incidental to the residential use of the dwelling, and not adversely affect the surrounding neighborhood where the dwelling is located (i.e. no exterior signage, significant traffic, etc.);
 - There will not be any products sold from the dwelling that are not produced on the premises; and
 - There will not be any indoor or outdoor storage of materials, equipment, and/or supplies, other than those necessary for domestic purposes.

Do you confirm that the business will meet all of the requirements as outlined above? _____

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

Date

Signature

CITY USE ONLY

Home Occupation Action: Approved Denied

Signature of Planner _____

Date _____

Notes: _____