



## HOME OCCUPATION ZONING CLEARANCE INSTRUCTIONS FOR FILING

Development Code Section 11.32.130 (Ordinance #1545)

This form may be used as a self certification for compliance with the County's Home Occupation Ordinance [Development Code Section 11.32.130]. In the event that you require review and approval from the Planning Department for verification that your Home Occupation meets County standards, please submit this form along with a completed Project Application form and filing fee to the Planning Department. **All fees and application materials must be received at the time of filing.**

**Business Name:** \_\_\_\_\_

**Location of Business:** \_\_\_\_\_

**Description of Business (describe services/products & any machinery used):**


Please answer YES or NO to the following:		YES	NO	<i>Planning Dept Use Only</i>
1	Will there be any employees other than members of the family that reside on the premises involved in the business? If yes, number of non-resident employees _____			
2	Is the business conducted entirely indoors?			
3	Will the home occupation require the use of more than 25% of the total floor area of the dwelling unit (attached garages may be included)			
4	Will any component of the home occupation other than parking of a vehicle occur in a detached garage, workshop, or accessory building? <b><i>If yes please describe in project description.</i></b>			
5	Will any business related vehicles be stored at the home? If yes, does the vehicle have more than two axles? Will the vehicle be stored in a garage or entirely screened from the street?			
6	Will the home occupation require any addition, alteration, or exterior remodeling?			
7	Are any signs advertising the home occupation proposed? If yes you will need to obtain a sign permit clearance from the Planning Department.			
8	Will the home occupation have a sales or display area If yes, does the sales or display area exceed 300 square feet			
9	Will the home occupation be selling any food products? If yes, are the food products prepared on-site? <b><i>Include in project descriptions</i></b>			

10	Does the business include instructional services (i.e. music lessons, tutoring, dance, etc)? If yes, are the services limited to no more than two students at one time and no more than 4 lessons/appointments per day?			
11	Does the business provide personal services such as barbers, beauty & nail salon, or pet grooming or similar services? If yes, are the services provided by appointment only? Will the number of appointments exceed 4 per day?			
12	Will the business generate vehicular or pedestrian traffic? If yes, how many daily vehicle trips do you anticipate? _____			
13	Is off-street parking available for employees/customers? If yes, are the parking spaces paved or graveled? _____ Number of off-street parking spaces _____			

Trip Generation: A client/employee coming to the business would count as 2 vehicle trips (to and from). If you anticipate daily deliveries or pick-up of business related products those vehicle trips need to be counted as well.

**To be filled out and kept for your records if you are self certifying.**

**SELF CERTIFICATION**

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the conditions and limitations as set forth in Section 11.32.130 of the Yuba County Ordinance Code for operation of a principally permitted Home Occupation. I further certify that my business operation does not require approval of an Administrative Use Permit or Minor Conditional Use permit as defined in Table 11.32.130 of the County Development Code. I understand that operating a Home Occupation in a manner inconsistent with the County Code may result in Code Enforcement action including penalties and assessments.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY THE PLANNING DEPARTMENT**  
*(If not self certifying and require County approval)*

**FOR OFFICE USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

Denied by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

Reason for Denial: \_\_\_\_\_

An Administrative Use Permit is required \_\_\_\_\_ A Minor Conditional Use Permit is required \_\_\_\_\_ Date \_\_\_\_\_

Other requirements: \_\_\_\_\_