



City of Pinole
Community Development Department
2131 Pear Street
Pinole, CA 94564
Telephone: (510) 724-8912
Email: NewApp@ci.pinole.ca.us

HOME OCCUPATION USE PERMIT APPLICATION

Name of Applicant: _____ Date: _____

Applicant Address: _____ Phone: _____

Name of Property Owner (if different than applicant): _____

Property Owner Address (if different than applicant): _____

Phone: _____

Is there a pre-existing Home Occupation Permit at this address? YES NO

If yes, please provide business name and approval date _____

Please refer to City of Pinole Municipal Code Section 17.64 Home Occupations

Provide a detailed description of the proposed Home Occupation including: (a) business activities involved, (b) hours of operation; (c) business materials and equipment to be used, and (c) methods of operation.

(Attach a separate page if necessary).

In addition, please respond to the following questions. (Attach separate sheet to this application for explanation if necessary.)

1. How many persons will be involved or employed in the conduct of the proposed occupation?
Total number: _____

How many members of immediate family residing in the residence will be involved in the conduct of the occupation?
Total number: _____
2. What type of product(s) will be produced, serviced or repaired in the conduct of the Home Occupation? (For example: repair of clocks or watches, making jewelry, etc)

3. Describe any alterations or physical modifications to the home or premises that might be required to facilitate your Home Occupation?

4. Describe what rooms will be used in the conduct of the Home Occupation and how these rooms will be used including an estimate of the approximate total floor area of the Home Occupation business. (For example: 10 square feet within garage will be used to store supplies, or 64 square foot den will contain desk and file cabinets, etc.)

5. Describe the mechanical and/or electrical equipment that will be necessary to the conduct of your activity:

6. Describe how, where and in what amounts the material, supplies and/or equipment relating to your Home Occupation will be displayed or stored: _____
7. Will customers come to your home to obtain any product or utilize any service connected with the proposed Home Occupation activity? YES ____ NO ____ If yes, please explain: _____
9. If trucks or other mobile equipment will be used in your Home Occupation where will they be parked or stored?

10. Will the Home Occupation involve the use of commercial vehicles for delivery of materials to or from the premises? YES ____ NO ____ If yes, please explain: _____

STANDARDS FOR HOME OCCUPATION

Chapter 17.64 of the Pinole Municipal Code allows certain limited business uses to be conducted in a residence. A Home Occupation permit must be incidental to the primary use of the premises, which is as a residence of the person conducting the business. There should be no evidence to the neighborhood that a business is being conducted in the residence. The following requirements must be met in order to qualify as a Home Occupation:

There must not be any external effects such as noise, odor, vibration, etc., beyond the limits of the house.

No outside storage is allowed. The garage area may not be used in any manner, which prohibits parking of cars in the garage (e.g., two cars in a two-car garage, one garage in a one-car garage).

Business customer visits on premises is limited to three (3) visits from customers, patients, students, or other persons served by the home occupation per day.

No signs or advertising displays are allowed at the home.

No advertising which gives the home address is allowed. (Phone listing or post office boxes are allowed).

No employees other than up to two members of the immediate family living in the residence may be employed as part of the home occupation unless the following is true:

- Up to one non-resident employee works under the direction of the dwelling resident and is not an independent or separate business enterprise;
- The employee is necessary to the performance of the home occupation;
- The employee would not require the use of the required parking for the residence or create on-street parking problems in the neighborhood;
- The average residential neighbor would not be aware of the existence of the home occupation, under normal operating circumstances; and
- Additional off-site employees may be employed by the business, but they may not report for work at the property that contains the home occupation.

The types of businesses, which normally qualify as home occupations, are offices where:

- Business is transacted by mail or phone.
- Service occupations where activity is transacted at the customer's home or place of business.
- Limited art and craft occupations, in which all materials are picked up and delivered off premises in a personal vehicle and where there is no external evidence of the home-based business.

- Similar uses that demonstrate a low-profile operation with fewer than three (3) customers visiting the business per day.

A Home Occupation that meets these standards may be administratively approved, conditionally approved, or denied by the Community Development Department. Failure to comply with the home occupation regulations of the Pinole Municipal Code may result in revocation of the home occupation approval. Once a home occupation is revoked, continued practice of the home occupation at that location is no longer permitted and subsequent applications shall not be filed within one (1) year from the date of revocation.

I have read and understood standards for home occupations contained in Chapter 17.64 Home Occupations of the City of Pinole Municipal Code, and I agree to comply with each of the Municipal Code provisions for the duration of the home occupation use. I declare, under penalty of perjury, that the information submitted on this application is true and correct.

APPLICANT PRINT NAME	APPLICANT SIGNATURE	Date
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PROPERTY OWNER PRINT NAME	PROPERTY OWNER SIGNATURE	Date
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FOR CITY USE ONLY

Date _____

Building Inspector Approval

Date _____

Fire Department Approval

*We hereby certify that **NO Violations** of State Law or City Ordinance exist on the Business premises which would endanger Public Safety, Health or Welfare.*

Date _____

Planning Manager Approval

Building Inspection Required: YES [] NO []

I hereby certify that the type of Business the applicant proposes to conduct at this address is in conformance with applicable zoning regulations.