



PLANNING DEPARTMENT
9955 Live Oak Blvd., Live Oak, CA 95953
Phone: (530) 695-2112 FAX: (530) 695-2595

**HOME OCCUPATION ZONING CLEARANCE
APPLICATION FORM**

APPLICANT INFORMATION

Name _____ Address _____
Phone _____ FAX _____ E-mail _____

PROPERTY OWNER INFORMATION (if different from the applicant)

Name _____ Address _____
Phone _____ FAX _____ E-mail _____

PROPERTY DESCRIPTION

Assessor's Parcel No.(s) _____
Address/General Location _____

DESCRIPTION OF BUSINESS (use additional page if needed)

A home occupation is intended to provide reasonable opportunities for employment within the home, while avoiding changes to the residential character of the residence or the surrounding neighborhood. City ordinance 17.15.070 requires that home occupation meet all of the standards provided below. **Please check each item listed below, indicating that you have read and understand the criteria.**

_____ **Relationship to the primary use:** Each home occupation shall be clearly an accessory use to the primary residential use. The home occupation conducted in the primary residence or an accessory structure shall not utilize an area of over 20 percent of the residence or 400 square feet, whichever is greater.

_____ **Employees:** There shall be no on-site employees other than full time residents of the residence.

_____ **Off-site effects:** The home occupation shall not produce any exterior evidence of its existence beyond the premises, including but not limited to, outdoor storage, noise, smoke, odor or vibration. There shall be no outdoor storage of building materials, machinery, equipment or other materials.

_____ **On-site sales:** There shall be no sale of merchandise other than that produced on the premises or merchandise directly related to the service offered.

- _____ **Client/customer visits:** The home occupation is limited to one customer on the premises at a time. There shall be no customers on-site between the hours of 10:00 PM and 7:00 AM.
- _____ **Signage:** A home occupation is limited to one wall mounted non-illuminated sign, not to exceed one square foot.
- _____ **Prohibited Uses:** The repair of autos, trucks, motorcycles, boats, trailers or similar equipment is not permitted.

OTHER CRITERIA

Ownership: If the residence is not owner occupied, property owner authorization for the home occupation is required (suggested authorization form is included).

Exempt home occupations: If the home occupation meets all of the standards provided above and the business activity is limited to the use of a desk, personal computer and telephone, it is a permitted use and not subject to a zoning clearance.

Home occupations not meeting the operating standards: A home occupation that does not meet the operational or residency standards provided in this Section may be allowed with an approved use permit if the Planning Commission makes a finding that there will be no additional impact on the neighborhood from traffic or other activities associated with the home occupation.

APPLICANT CERTIFICATION

I hereby certify that this application and all other documents and maps submitted are true and correct to the best of my knowledge and belief. I agree to indemnify and hold harmless for all costs and expenses, including attorney’s fees, incurred by City or held to be a liability of the City in connection with City’s defense of its actions in any proceeding brought in any State or Federal court challenging the City’s actions with respect to the Applicants’ project.

I have read and understand the standards as set forth above and agree to comply with them.

Applicant ‘s Signature _____ Date _____

<u>CITY STAFF USE ONLY</u>	
Total Fees: \$ _____	Zoning Clearance # _____
Receipt # _____	
Received by _____	Date _____
Approved by _____	Date _____
Staff Comments:	



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HOME OCCUPATION ZONING CLEARANCE APPLICATION CHECKLIST

The following items are required in order to submit an application for a zoning clearance:

- ___ Completed and signed **Application Form** (form included).
- ___ **Written authorization** of the property owner, if the applicant is not the owner (suggested form is included).
- ___ Payment of **application fee** (fee schedule is included).

Within 5 working days of submitting the application, staff will review the application to determine whether additional information is needed in order to find the application complete.



AGENT AUTHORIZATION

To the City of Live Oak:

Agent Name

Phone Number

E-mail

Mailing Address

is hereby authorized to process this application on my/our property, identified as Sutter County Assessor's Parcel Number(s) _____

This authorization allows representation for all applications, hearings, appeals, etc. and to sign all documents necessary for said processing, but not including documents(s) relating to record title interest.

Owner(s) of Record (print and sign name):

Print Name

Print Name

Signature

Signature

Print Name

Print Name

Signature

Signature