



# Angels Camp Planning Department

571 Stanislaus Street, Suite J  
Angels Camp, CA 95222  
(209) 736-1346 (phone) ♦ (209) 736-9048 (fax)

## HOME OCCUPATION PERMIT APPLICATION

(Section 17.06.060 of the City of Angels Municipal Code)

**Please complete and submit this form to the Community Development office located at 571 Stanislaus Avenue, Suite J, Angels Camp, CA, along with a check for \$40.00 made payable to the City of Angels**

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

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Zoning: \_\_\_\_\_ Total Floor Area: \_\_\_\_\_ Business Floor Area: \_\_\_\_\_  
(Cannot exceed 25% of total floor area)

Mailing Address (including zip code): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### IF YOU ARE RENTING THE RESIDENCE:

Property owner's name (or owner's agent): \_\_\_\_\_

Property owner's mailing address (including zip code): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

~~~~~ PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS ~~~~~

1) Describe in detail, the work performed at the residence. \_\_\_\_\_  
\_\_\_\_\_

2) Will the work occur: Inside your home? \_\_\_\_\_

In a garage or other accessory building? \_\_\_\_\_ Parking of work vehicle only? \_\_\_\_\_

3) Will clients come to your home? \_\_\_\_\_ If so, how many per day (average)? \_\_\_\_\_ Frequency? \_\_\_\_\_

- 4) Will work be conducted only at client's location? \_\_\_\_\_
- 5) Will client contact be primarily by phone / fax / e-mail, etc.? \_\_\_\_\_
- 6) Identify vehicles or mobile equipment used in connection with this Home Occupation: \_\_\_\_\_
- 7) What will be the frequency of deliveries / pick-ups to your home? \_\_\_\_\_
- 8) Will there be noticeable movement of products, materials, machinery, or equipment in and out of the residence? Is so, please describe: \_\_\_\_\_
- 9) Will this Home Occupation involve/require the storage or use of hazardous materials? If so, please list: \_\_\_\_\_  
\_\_\_\_\_
- 10) Will retail sales or personal services be provided on the premises? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 11) Will any tools or equipment connected with the business be noticeable in public view? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 12) Does the business involve the assembly or manufacture of a product at the residence? Describe/name the product(s): \_\_\_\_\_  
\_\_\_\_\_
- 13) Does the business involve the preparation, storage or distribution of a food product at the residence?  
Describe/name the product(s): \_\_\_\_\_
- 14) Will any equipment or process be used at the premises that creates noise, vibration, glare, fumes, odors or electrical interferences that would be discernible from adjacent properties on the street? Describe: \_\_\_\_\_  
\_\_\_\_\_
- 15) Please initial each of the following items to acknowledge your understanding and agreement:
  - a. \_\_\_\_ No signs are allowed on the residence.
  - b. \_\_\_\_ No persons other than members of the immediate family residing in the home shall be engaged in the home occupation.
  - c. \_\_\_\_ If this business requires employees (other than family members residing in the home), no personal employee contact will occur at your residence.

This application is true and correct to the best of my knowledge. I have read and agree to abide by the regulations contained in Section 17.06.060 of the City of Angels Municipal Code, as listed on the back of this application. If this PERMIT is granted, I will also conform to any other conditions the City of Angels may impose. I acknowledge that failure to abide by the requirements is a violation of the Municipal Code and this approval can and will be revoked.

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

\_\_\_\_\_  
Date

**HOME OCCUPATION REGULATIONS:**

17.06.060 Home Occupation Criteria: An occupation conducted in a dwelling unit is allowed in the RA, R1, R2 and R3 zones, provided:

- A. No person, other than members of the immediate family residing on the premises, shall be engaged in such occupation;
- B. The home occupation shall be clearly incidental and subordinate to its use for residential purposes, and not more than twenty-five percent of the floor area of the dwelling unit shall be used in the conduct of the home occupation;
- C. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of the home occupation;
- D. No home occupation shall be conducted in more than one existing accessory building;
- E. There shall be no sale of products other than products handcrafted by the occupants or which are related and incidental to a service provided;
- F. No traffic shall be generated by such home occupation in greater volume than would normally be expected in a residential neighborhood;
- G. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses off the lot. (Ord. 270 (part), 1984)

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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Action:            Approval            Denial            Conditional Approval, as stated below:

\_\_\_\_\_

\_\_\_\_\_

Action by: \_\_\_\_\_  
                 Planning Director

Date: \_\_\_\_\_

Fee Received \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Business License No. \_\_\_\_\_