

APPLICATION FOR HOME OCCUPATION PERMIT

FILING FEE: \$325.00 (All fees are non-refundable)

Application No. **PHOP**_____

Assessors Parcel No. _____

Applicant or Authorized Agent

Property Address City State Zip

Mailing Address if Different Than Above City State Zip

Email Address

Property Owner

Address City State Zip

Business Name

Home Telephone: (____) _____

Business Telephone: (____) _____

Present Use of Property _____

Application is hereby made for a Home Occupation Permit (HOP). Under Chapter 19.46 of the Barstow Municipal Code to permit the following:

What will you actually be doing at your residence?

Telephone Recordkeeping Other (Explain)

What type(s) of vehicle(s) are kept at your residence?

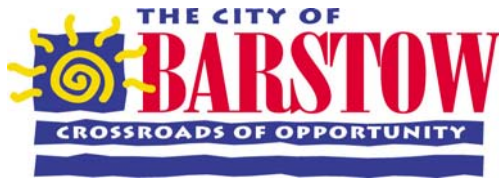
Trucks (list amount & type) _____

Cars (list amount & type) _____

Other (list amount & type) _____

What materials will be stored in your residence relating to this home occupation?

How close are your nearest neighbors, approximately? _____



Approval of a Home Occupation Permit is subject to inspection by the Building Department.

	<u>Approval</u>	<u>Denial</u>
Building	_____	_____
Planning	_____	_____

COMMENTS:

Inspector Approval: _____

PLANNING DEPARTMENT

Date Received: _____ Action: _____

Filing Fee: _____ Receipt No.: _____

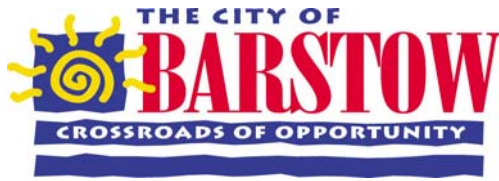
Attachments: _____

Received by: _____

GENERAL NOTES:

- Refer to Section 19.46.060 B.M.C. regarding revocation of a Home Occupation Permit
- Refer to Section 19.46.050 B.M.C. regarding uses which are not permitted.
- A Home Occupation Permit shall not be transferred, assigned, or used by a person other than the permittee, nor be transferred to any location other than the one for which the permit was granted. (Ref.: 19.46.070 B.M.C.)
- Please direct all questions regarding this application to:

**City of Barstow
Planning Department
220 E. Mountain View Street
Barstow, CA 92311
(760)255-5151**



CRITERIA FOR GRANTING HOME OCCUPATIONS:

Applicant must initial each of the following criteria to certify they have been examined and understood. Failure to comply with any of the criteria could mean immediate revocation of the permit.

- _____ A) No employment of help other than members of the resident family.
- _____ B) There will be no direct sales of products or merchandise.
- _____ C) Business related to the home occupation shall be conducted substantially away from the premises, and on-premise activities shall include only telephone calls, postal correspondence, bookkeeping, record keeping, or such other activities determined by the City Building Official to be in accordance with the provisions of this section.
- _____ D) A home occupation shall not be conducted in the garage or in any accessory building.
- _____ E) There shall be no signs other than those permitted by the zone regulations.
- _____ F) There shall be no outdoor storage of materials or equipment associated with the home occupation, nor shall materials or equipment be visible from outside the house.
- _____ G) There shall be no exterior evidence of the conduct of a home occupation, including, but not limited to noise, odor, color materials, lighting, signs, and vibrations.
- _____ H) No vehicular or pedestrian traffic related to this home occupation shall be allowed.
- _____ I) A home occupation shall not be conducted on any site unless the issuance of a revocable business license has been approved by the Building Department and Planning Department.

CERTIFICATION:

I certify that I understand all of the above criteria (Sections 19.46.040, 19.46.050, 19.46.060, 19.46.070) for a valid Home Occupation Permit and that a violation of this criteria will result in revocation of the Home Occupation Permit and Business License.

Property Owners Signature	Date	Home Address	Telephone
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Applicant's Signature	Date	Home Address	Telephone
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I hereby understand approval of this Home Occupation Permit includes conditions and that failure to comply with these conditions will result in revocation of the Home Occupation Permit.

Applicant's Signature	Date
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