



City of Sonora

PERMIT # _____
FEE \$ _____
Acct # 303-04107-001

HOME OCCUPATION PERMIT APPLICATION

Name of Applicant _____ Phone # _____

Address: _____

Name of Property Owner _____ Phone # _____

Address: _____

I hereby make application for a Home Occupation Permit, under the terms of Section 17.04.155 and Chapter 17.59 of the Sonora Municipal Code.

17.04.155 - Home Occupation

“Home Occupation” means any use customarily carried on within a residential dwelling by the inhabitants thereof for which the inhabitants receive some form of remuneration, which use is clearly incidental and secondary to the use of the dwelling for dwelling purposes and does not change the character thereof, and does not adversely affect the uses permitted in the zone and vicinity in which it is located, provided the home occupation is approved pursuant to the provisions of Chapter 17.59.

Commercial facilities located in private residences – Chapter 1101B.6 of the International Building Code and all other applicable Chapters will be enforced.

1. When a commercial facility is located in a private residence, the portion of the residence used exclusively as a residence is not covered by this Chapter, except as required by Section 1111B.5, but that portion used for the commercial facility and for residential purposes is covered by the new construction and alteration requirements of this code.
2. The portion of the residence covered extends to those elements used to enter the commercial facility, including the homeowner’s front sidewalk, if any, the door or entryway, and hallways; and those portions of the residence, interior or exterior, available to or used by employees or visitors of the commercial facility, including sanitary facilities.

It is my intention to pursue the following home occupation:

Will the public access this home to conduct business? Yes No

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Applicant’s Signature: _____ Date: _____

APPROVAL: Community Development Director _____ **Date** _____