City of Sonora FEE ***$125.00***
Acct # 001-2000-41510

HOME OCCUPATION PERMIT APPLICATION

Name of Applicant _____ Phone #_____

Address:_____

Name of Property Owner _____ Phone #_____

Address:_____

I hereby make an application for a Home Occupation Permit, under the terms of Section 17.04.155 and Chapter 17.59 of the Sonora Municipal Code. [Ord. 843, 2017] [Ord. 613 § 2 (part), 1985].

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 17.59.020, Criteria and Conditions.

Please describe in detail, the Home Occupation you are proposing:

_____
_____
_____
_____

Will you have employees for the home based business? ☐ Yes ☐ No
If you answered yes, do not continue with this application: The person and members of the family conducting the business shall reside on the premises on a regular full-time basis and the business shall be clearly incidental and secondary to the residential use. Employees shall not work at or be dispatched from the premises nor otherwise be on or about the premises for business purposes).

Where will the business operations be conducted? ☐ Residence ☐ Garage

Number of rooms designated for business use? _____
(Attach floor plan of the proposed business use area)

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

If you checked "yes" in the box above:

How many clients will access the home? _____ per day _____ per week

If the public will be accessing the home for business purposes the following ADA requirements apply:

Commercial facilities located in private residences – Section 11B-245 of the California Building Code and all other applicable Chapters will be enforced.

1. **11B-245.2 Application.** When a commercial facility is located in a private residence, that portion of the residence used exclusively in the operation of the commercial facility or that portion used both for the commercial facility and for residential purposes is covered by the new construction and alterations requirements of this chapter.

   Exception: The portion of the residence used exclusively as a residence is not required to be accessible in accordance with this chapter.

2. **11B-245.3 Accessible elements required.** The accessible portion of the residence extends to those elements used to enter the commercial facility, including the 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 restrooms.

Note: A building permit, payment of permit fees and an inspection will be required for needed ADA Improvements, prior to issuance of a Home Occupation Permit.

Certification by Applicant

I certify under penalty of perjury under the laws of the State of California that the business will not occupy more than one room and in no case occupy more than 25% of the floor area of the dwelling. I further certify that the information on this application is true and correct and by my signature below, I hereby agree to abide by Ordinance No. 843, related to Home Occupations in the City of Sonora, attached to this application.

Note: If we receive a complaint about the operation of the business, it is our duty to investigate so that we can verify the facts and help make corrections or adjustments so that the problems can be solved. Our desire is to help both the complainant and the licensee. If you have any questions, please contact the Community Development Department at (209) 532-3508.

Business License: Upon approval by the Community Development Director of a Home Occupation permit, the applicant shall obtain a city business license, except for those occupations whose total gross income is less than $5,000.00.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:

Received:	
Fees:	☐ Yes ☐ No
Floor Plan:	☐ Yes ☐ No
ADA Building Permit Required	☐ Yes ☐ No
Inspection Completed:	☐ Yes ☐ No
Business License Required	☐ Yes ☐ No

APPROVAL: Community Development Director _____ Date _____