



CITY OF HALF MOON BAY

Business Support Center

8839 N. Cedar Ave #212

Fresno, CA 93720-1832

Email: support@hdlgov.com

Home Occupation Agreement Form

Business Name: _____

Applicant Name: _____ E-Mail: _____

Telephone Number: _____ Mobile Number: _____

Business (Site) Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

INSTRUCTIONS: *Please answer the following questions as they relate to the municipal code, below.*

1. Does your business match the type of activity that would normally occur within a single family residence? YES NO
 2. What type of business will you have at your location? _____

 3. Will customers be coming to your home business? YES NO
 4. What parking is available? _____
 5. Will you store materials at your home business? YES NO
If yes, what type and how much? Outside or Inside? _____
 6. Will you use equipment and/or work vehicles for your home business? YES NO
If yes, what type and how many, and where will they be kept? _____
 7. Will you be selling products? YES NO
If yes, where will you sell them mail/delivery? _____
How will you sell them flyer/internet/soliciting? _____
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Municipal Code 18.06.025 Use Regulations - Section F (Home Occupations): *Home occupations are permitted in all residential districts and shall comply with the following:*

1. Resident Only. No one other than a resident of the dwelling shall be employed on site or report to work at the site of a home occupation. This prohibition also applies to independent contractors.
2. No Inconsistent Activity. There shall be no interior or exterior activity related to the home occupation inconsistent with or interfering with residential use of the property or detrimental to property in the vicinity.
3. Entirely Within. A home occupation shall be conducted entirely within a building, either the main residence or an accessory building, and shall occupy no more than five hundred square feet of floor area. No outdoor storage of materials or supplies shall be permitted in conjunction with the home occupation.

Home Occupation Agreement Form (continued)

4. No Visibility. The existence of a home occupation shall not be apparent beyond the boundaries of the site, and no home occupation shall involve the use of a sign, nor the display of products visible from the street.

5. No On-site Retail. The home occupation shall not involve on-site retail business, interior or exterior alterations, nor construction features not normally found in dwellings.

6. No Traffic. A home occupation shall not create pedestrian, automobile, or truck traffic detrimental to property in the vicinity.

7. Submittal Required. Prior to the issuance of a business license for a home occupation, the applicant shall submit to the planning director a written description of the operational characteristics of the proposed home occupation. The planning director shall determine that the proposed home occupation complies with the requirements of this section. Decisions of the planning director may be appealed to the planning commission by the applicant or by any interested party.

8. Complaints. In the event a complaint is received regarding a home occupation, the planning director shall refer the issue to the planning commission to review the operational characteristics of the use. Both the complaining party and the operator of the home occupation shall be notified of the time, place, and date of the planning commission meeting. In the event it is determined that the home occupation is detrimental to the neighborhood, the planning commission may impose any conditions necessary to maintain consistency with the provisions of this chapter.

I hereby certify that the information submitted in this application is true and correct and is signed under penalty of perjury under the laws of the State of California. I also understand and agree that a fax, photocopy or electronic copy of this Home Occupation Agreement form with my signature will be accepted with the same authority as the original.

Signature of Applicant

Date

FOR CITY USE ONLY

Planning Signature: _____

Date: _____

Approved ___ Denied ___

Comments: