



**Home Occupation Permit Application
(Sacramento City Code Title 17.224)**

Name of Applicant: _____ E-Mail Address: _____

Home Address: _____

Work Phone Number: _____ Cell Number: _____

Business Name: _____

Business Category (check one):

- Office for: _____
- Commission merchant, direct sales, product distribution, internet or mail order business
- Contractor, handyman, janitorial service, landscape contractor, gardening service (office)
- Dressmaker, tailor, fashion designer
- Artist
- Tutor
- Pet services, such as pet sitting, pet grooming, pet training, and veterinarian care
- Healing arts professional, including physician, surgeon, chiropractor, physical therapist, acupuncturist, and somatic practitioner
- Small equipment, appliance and computer assembly, repair or reconstruction
- Hair stylist, barber, and manicurist
- Mobile vehicle glass installation, mobile vehicle detailing
- Swimming instructor
- Other: _____

Business Description: _____

Do you have employees: Yes No If yes, number of employees: _____

Will clients/customers come to the home? Yes No If yes, please be aware that you must comply with building code requirements and Home Occupation Permit restrictions regarding the number of customers/clients at the home.

Initial _____ I HAVE READ THE HOME OCCUPATION PERMIT APPLICATION INFORMATION SHEET AND, IF A PERMIT IS ISSUED, WILL COMPLY WITH THE RESTRICTIONS, SPECIAL CONDITIONS, AND TERMS OF THE HOME OCCUPATION PERMIT

Initial _____ I UNDERSTAND THAT VIOLATION OF THESE REGULATIONS MAY RESULT IN A PENALTY BEINGS ASSESSED AND/OR REVOCATION OF THE HOME OCCUPATION PERMIT

Signature: _____ Date: _____

Office Use Only

APN: _____ BOT #: _____ HOP #: _____

Date entered into Accela: _____ By (Initials): _____