



COMMUNITY DEVELOPMENT
DEPARTMENT

CITY OF SACRAMENTO
CALIFORNIA

300 RICHARDS BLVD. 3RD FLR
SACRAMENTO, CA
95811-0218

**HOME OCCUPATION PERMIT APPLICATION
(Sacramento City Code Title 17.224)**

Name of Applicant: _____ E-Mail Address: _____
Home Address: _____
Work Phone Number: _____ Cell Phone Number: _____
Business Name: _____
Business Description: _____

Occupation Category (check one):

Artist _____ Photo laboratory _____
Commission merchant, direct sales, mail order _____ Small appliance repair _____
Dressmaker, tailor _____ Somatic practitioner _____
Mobile vehicle glass installation/vehicle detailing _____ Tutor _____
Office for _____
Other _____

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: _____

<u>Office Use Only</u>		JC/ 7.9.1
APN: _____		
BOT Number _____	HOP Number _____	
Date entered into Accela: _____	By (Initials): _____	