



HOME OCCUPATION QUESTIONNAIRE

BUSINESS NAME _____

Type of Business _____

Describe Business Activity (in detail) _____

RESIDENCE TYPE (check which applies)

- Single Family Apartment Condo/duplex Mobile Home

BUSINESS ADDRESS _____

PHONE (_____) _____

BUSINESS SQUARE FOOTAGE:

Size of residence: _____ SF
Size of work area: _____ SF
Size of storage area: _____ SF
Size of garage: _____ SF

PARKING:

Number of enclosed parking spaces _____
Will the business (check one)
 Reduce Eliminate Cause no change to ...
... Garage parking

WORK AREA: (Check any which apply)

- Office area -inside residence
 Limited work area in garage
 Outdoor area (specify location)
 Other

STORAGE AREA: (Check any which apply)

- Limited storage area in garage
 Storage inside residence
 Storage area in accessory structure
 Other

WORK ACTIVITIES IN THE RESIDENCE:

- (Check any which apply)
 Service/office use -inside residence
 Assembly of product
 Manufacture of product
 Retail/wholesale location
 Other

BUSINESS VEHICLE(S):

- (Check which stored/parked on-site)
 Standard passenger vehicle/van # of vehicles _____
 Pickup truck w/out trailer # of vehicles _____
 Pickup truck with trailer # of vehicles _____
 Commercial (10,000 lb gross wt) # of vehicles _____
 Other

Specify types of all equipment to be used with this business _____

General comments or clarification concerning the operation of your business:

I understand that this application and payment of tax does not license me to operate until I have fulfilled the applicable requirements of the Tustin City Code. (Tustin City Code Section 9297)

- YES NO Will the business be conducted at any off-site locations.
- YES NO Will the business involve spray painting?
- YES NO Will the business involve the raising of fish or animals on the premises?
- YES NO Will the business involve the growing of crops, flowers, or herbs?
- YES NO Is this your only residence?
- YES NO Will you have any employees, including contract employees?
- YES NO If YES, will all employees be residents of the premises?
- YES NO If you will have employees who are not residents of the premises, will any of these employees conduct business at the premises or be dispatched "in person" from this location?
- YES NO Will any stock be stored at the residence? If YES, please indicate the type of stock to be stored, the approximate quantity, and where you intend to store it.
- YES NO Will any product or merchandise be brought or delivered to the residence? If YES, please indicate the type of merchandise.
- YES NO If work is done in the garage will the doors remain closed while work is in progress?
- YES NO Will clients, customers, students or patrons of the business frequent the residence?
- YES NO Will you receive truck deliveries, bulk mail or packages related to the home occupation an average of more than twice per week?
- YES NO Will noise be created which is audible beyond the premises?

A home occupation is defined as an occupation carried on wholly within a dwelling by an occupant of the dwelling, as a secondary use, in connection with which there is: No person employed who is not a resident of the premises, no exterior display, **no stock-in-trade or commodity** sold upon the premises. No mechanical or electrical equipment used except such as is customary for housekeeping purposes. No outside operations or storage. No alteration of the residential appearance of the premises, no alterations which negatively impact the health, safety or welfare of the general public or which emits smoke, dust fumes, odors, vibrations, glare or electrical disturbances onto any other premises, no activity which generates excessive pedestrian traffic or vehicular traffic or parking in excess of that otherwise normally found in the zone. No parking or use made of any vehicle over 3/4 ton carrying capacity (Tustin City Code Sections 9271gg and 9297).

I declare, under penalty of perjury, that the information contained in this supplemental questionnaire is, to the best of my knowledge, true and correct. I authorize the City, its agents and employees to verify the information contained in this questionnaire. (1-5-5)

BUSINESS PHONE

ADDRESS

PRINTED NAME and TITLE SIGNATURE DATE