

CITY OF SOLVANG
APPLICATION SUBMITTAL REQUIREMENTS
HOME OCCUPATIONS

A “Home Occupation” is defined as follows:

“An occupation conducted within the dwelling portion of a building by the occupants of the dwelling unit.”

The City will approve a home occupation application only if the proposed occupation meets all of the following criteria:

1. The home occupation shall be conducted in only one room of the dwelling portion of the building not including garages, or converted garages.
2. The home occupation shall not require any structural alterations of the dwelling, and the existence of the home occupation shall not be apparent beyond the boundaries of the property.
3. The home occupation shall be conducted solely by the dwelling occupants.
4. No displays, delivery of merchandise, or advertising signs shall be permitted on the premises.
5. A maximum of five (5) customers, patients, clients, students, or other persons served by the home occupation shall be permitted on the premises simultaneously.
6. A home occupation shall not create any radio or television interference or create noise audible beyond the boundaries of the premises.
7. No smoke or odor shall be emitted.
8. There shall be no outdoor storage of materials related to the home occupation.
9. No vehicles or trailers except those incidental to the residential use shall be kept on the premises.
10. The home occupation shall be strictly secondary and subordinate to the primary residential use and shall not change or detrimentally affect the residential character of the dwelling, premises, or neighborhood.
11. The residential address of the home occupation shall not be included in any advertising methods being utilized by the premises. A Post Office Box is permitted.

THERE ARE NO OTHER APPARENT ZONING VIOLATIONS ON THE PROPERTY.

DATE RECEIVED:
STAMP:

LAND USE APPROVAL

**CITY OF SOLVANG
HOME OCCUPATION PERMIT**

The permit for a home occupation is discretionary and is revocable at any time if the use is not conforming with the criteria listed above or any other conditions placed on the permit.

Date: _____

Owner's Name: _____

Name of Business: _____

Type of Business: _____

Address: _____

Phone Number: _____

APN: _____

Project Details

Please answer ALL questions. Where questions do not apply to your project, indicate "Not Applicable" or "N/A".

1. In what room of the dwelling unit will the business be conducted? (A garage is not considered part of the dwelling).

2. Will structural alterations be required for the home occupation?
(Circle one) **Yes** **No**

If yes, explain: _____

3. Will alterations be made at any time? (circle one) **Yes** **No**
If yes, explain: _____

4. What type of special tools, equipment, chemicals, antenna, etc. is required for the home occupation?

5. Where will the tools/equipment be stored? If off-premise, give location.

6. What stock, if any, will be maintained? _____

Quantity of stock: _____
Method of delivery to and from home: _____
Frequency of delivery: _____
Where is it stored: _____
7. Does the use require that you assemble, wrap, compound, label, etc. before the product is delivered to customers? (Circle one) **Yes** **No**
If yes, describe: _____

8. How many occupants of the dwelling are employed to work in the home occupation? _____
9. Do you have any employees who are not permanent occupants of the dwelling? (Circle one) **Yes** **No**
If yes, indicate the number of employees: _____
10. Do you maintain another office?
(Circle one) **Yes** **No** If yes, indicate where:

11. Does the use require customers to come to your home? (circle one) **Yes** **No**
If yes, please answer the following questions:
How many at any given time: _____ Hours of operation: _____
By appointment? (Circle one) **Yes** **No**
Where would they park? _____

12. Will product demonstrations be conducted on the subject property?
(Circle one) **Yes** **No**
If yes, please describe: _____
13. Will sales be made on the subject property? (Circle one) **Yes** **No**
If yes, please describe: _____

14. Does your home occupation require advertising? (Circle one) **Yes** **No**
If yes, please indicate by what means:
___ Phone Directory Yellow Pages ___ Newspaper ___ Phone
___ Word of mouth ___ Business Card ___ Signs on Vehicle
___ Other (describe): _____
15. Does your home occupation require use of a commercial vehicle?
(Circle one) **Yes** **No**
If yes, please indicate how many and where they will be parked: _____

- Are signs displayed on the vehicle? (Circle one) **Yes** **No**
16. Does your home occupation require that any Federal, State, or County agency, or professional organization, or trade group license you? (Circle one) **Yes** **No**
If yes, please identify agency and indicate whether their license is contingent upon zoning clearance. _____

17. It may be necessary for a zoning enforcement officer to make an inspection before action is taken on your application. Therefore, please indicate the most convenient day(s) and time(s) you are available. _____

I HEREBY CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT AND THE PROPOSED USE IS STRICTLY SECONDARY AND SUBORDINATE TO THE PRIMARY USE AND WILL NOT DETRIMENTALLY CHANGE OR AFFECT THE RESIDENTIAL CHARACTER OF THE DWELLING, PREMISES, OR NEIGHBORHOOD. I HAVE READ AND UNDERSTAND THE ATTACHED LISTED REQUIREMENTS AND AGREE TO ABIDE BY THESE STIPULATIONS.

APPLICANT- Print Name and Sign _____ Date _____

PROPERTY OWNER – Print Name and Sign _____ Date _____