

TO: PLANNING DEPARTMENT

DATE: _____

FROM: _____
Business Name

SUBJECT: APPLICATION FOR A HOME OCCUPATION BUSINESS LICENSE

I, _____, a resident of
Name

_____, Temple City, do
Address

hereby make an application for approval of a Home Occupation. I am familiar with City Code Requirements, and understand them. I hereby certify that I do now comply and will continue to comply with these regulations as long as I have a business in my home.

Signature

CITY CODE REQUIREMENTS:

- (A) There is no display or storage of goods, wares, merchandise or stock in trade maintained on the premises;
- (B) There is not more than one person regularly employed in such occupation;
- (C) There is no equipment used in conjunction with such occupation, which emits, dust, fumes, noise, order, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties;
- (D) There is not more than 200 square feet of floor space of the dwelling devoted to such use;
- (E) There is no appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation, calling or profession;
- (F) There is no alteration of the structure;
- (G) There is no use of any sign not otherwise permitted in the zone in which the occupation is located.

OFFICE USE ONLY

CITY OF TEMPLE CITY
HOME OCCUPATION BUSINESS LICENSE CHECKLIST

1. What is the zone classification? _____
2. Is there any display or storage of goods, wares, merchandise, or stock in trade maintained on the premises? _____
3. Is there more than one person regularly employed in such occupation? _____
4. Is there equipment used in conjunction with such occupation, which emits dust, fumes, noise, odor, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties? _____
5. Is there more than 200 square feet of the floor space of the dwelling devoted to such use? _____
6. Is there an appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation, calling or profession? _____
7. Has there been an alteration of the structure? _____
8. Is there use of any sign not otherwise permitted in the zone? _____
9. Does this occupation violate any other ordinance of the City? _____
10. Are there any manifestations, which distinguish this property from others located in this zone or neighborhood? _____

Comments and/or explanation: _____

Recommendations: _____

Signature of person making investigation:

_____ Date: _____

I find, based upon applicant's statements and/or investigator's statements, that this home occupation meets () does not meet () ordinance requirements and it is therefore approved () denied ().

_____ PLANNING DEPARTMENT APPROVAL

_____ DATE