



**CITY OF SCOTTS VALLEY**  
**Planning Department**  
One Civic Center Drive  
Scotts Valley, CA 95066  
831-440-5630 / FAX 831-438-2793

HO	_____
Date:	_____
Fee:	\$77.00
Rct #:	_____
Rcv'd:	_____

## Home Occupation Review

 **Note: Property Owner's signature required**

### DESCRIPTION:

The purpose of a Home Occupation is to provide opportunities for limited commercial and business activities in residential neighborhoods that are compatible with and do not detract from, the peace, quiet, character, and quality of residential areas.

### REGULATIONS:

Applicant shall complete the application for Home Occupation Review, secure a business license from the City, and comply with the following requirements:

1	The home occupation shall be clearly incidental to the use of the structure as a dwelling and shall not alter the residential character of any portion of the property.
2	No advertising signs shall be displayed. A nameplate, not to exceed one (1) square foot in area, may be affixed to the dwelling.
3	No one other than a resident of the dwelling shall be employed in the conduct of the home occupation.
4	Equipment, materials, machinery and mechanical devices used for the home occupation shall have no discernible impact on adjacent properties.
5	There shall be no operation of the home occupation or storage of equipment or supplies outside the dwelling visible from adjacent property, walkways or streets.
6	Not more than one business vehicle with a manufacturers gross vehicle weight of more than 1 ton shall be kept outside the garage on the property. All parking shall be in conformance with the city's off street parking regulations. Semi-tractor trailers are prohibited.
7	The conduct of the home occupation shall not create excessive pedestrian, automobile, or truck traffic in the vicinity.
8	There shall be no use of commercial vehicles for delivery of materials or supplies to or from the premises other than usual parcel deliveries. Deliveries and customer visits between the hours of 10 p.m. and 8 a.m. are prohibited.
9	No home occupation shall be permitted which requires a building/fire code rating of B2 or greater, or a hazardous materials permit.
10	All home occupations must conform to the commercial/industrial performance standards (Section 17.44.020C.3-.6) of the City's Municipal Code, with respect to control of potential nuisances (e.g., noise, vibration, smoke and odors).

**PLEASE READ THE HOME OCCUPATION REGULATIONS AND ANSWER THE QUESTIONS BELOW.**

*If you have any questions about your Home Occupation, please contact the Business License Department at (831) 440-5611, or Planning at (831) 440-5630.*

1	Explain operation of business activities conducted within the home: _____ _____ Explain operation of business activities outside of home, if applicable: _____ _____.
2	Other than yourself how many others will you employ? Full time: _____ Part time: _____
3	Please describe size and location of business signs to be displayed: _____.
4	Describe machinery and/or equipment associated with the Home Occupation: _____ _____ Will any equipment be heard at any adjacent property line? _____.
5	Will any equipment or supplies be stored outside of the home: _____ _____ If yes describe: _____.
6	Does your business require on-site parking or vehicles? _____ _____ If yes, describe number, size, weight and where they will be parked: _____.
7	Please describe pedestrian, automobile, and truck traffic expected from the Home Occupation: _____.
8	Will any commercial vehicles pick-up or deliver materials or supplies to or from the premises? _____ If yes, describe (number, hours, type of deliveries): _____ _____.
9	Will any chemicals be used for your business? _____ If yes, describe: _____.
10	Hours of operation of home occupation: _____.

I have read and agree to comply with the business license regulations for Home Occupations. If I violate any of the regulations, the City reserves the right to require that I, the applicant, discontinue business activities on the site.



\_\_\_\_\_  
Printed Name of Property Owner\*\*

\_\_\_\_\_  
Signature of Property Owner\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Business Owner

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**\*\* NOTE: Signature of the property owner is required. If the property owner is unavailable to sign this application form, then an original letter of authorization from the property owner is required.**