



COUNTY OF COLUSA

DEPARTMENT OF
PLANNING AND BUILDING ADMINISTRATION

220 12th Street
Colusa, California 95932

TELEPHONE (530) 458-0480 FAX (530) 458-0482

Greg Plucker, Director

FOR OFFICE USE ONLY

AP# _____

Date _____

Home Occupation Administrative Permit

APPLICANT: _____ **OWNER:** _____

(If different than applicant)

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

**Property
Address:** _____

Assessor's Parcel No. _____

Zoning: _____

Description of occupation/business:

I understand and agree that this Home Occupation Administrative Permit shall be subject to compliance with all of the following conditions:

1. The home occupation is confined completely within a legal structure and occupies not more than twenty-five percent of the floor space of a dwelling or fifty percent of that of an accessory building.
2. The home occupation involves no sales of merchandise other than that produced on the premises, or directly related to and incidental to the service offered.
3. The home occupation is carried on by the members of the family occupying the dwelling with no other persons employed.
4. The home occupation produces no evidence of its existence upon or beyond the premises such as external alteration creating nonresidential or unsightly appearance of a structure, noise, smoke, odors, vibrations, tec., except one sign not to exceed two square feet in area and pertaining directly to the particular home occupation.
5. Additional Special Conditions

I agree to comply with all of the provisions and statements listed above. I understand that my failure to comply will result in revocation of the Home Occupation Administrative Permit.

Signature

Date

Planning Staff Approval:

Signature

Date