



City of Albany



INFORMATION FOR HOME OCCUPATION APPLICANTS

The requirements for Home Occupations to be approved at the administrative level are contained in the attached application form. Please print legibly and answer each question. For question #1, please be specific, i.e., "office for contractor (phone calls and paperwork only)," "mail order sales of electric razors," "assembly for small geological tools," etc.

If you are able to answer "no" to questions 8 through 20, your application can be approved by the Planning Manager. Otherwise, your application will require review by the Planning and Zoning Commission. (In some cases, information provided on the application form may need to be verified by a site visit by City Staff).

You may find it helpful to read Section 20-6, "Home Occupations," of the Albany Municipal Code prior to completing the application form.

In addition to a Home Occupation Permit, you must obtain a Business License from the City Finance/Treasurer's Office before starting the home occupation. If you have any questions regarding business license fees and procedures call (510) 528-5730.

You may call the Community Development Department at (510) 528-5760 if you have questions.



City of Albany



Application for Home Occupation

No. _____ Fee Paid/Date _____ Receipt No. _____

Applicant Name: _____ Home Telephone No. _____

Address: _____ Work Telephone No. _____

What is a Home Occupation?

The following activities are considered Home Occupations under the City of Albany Municipal Code (note these items apply even if you are none of your business contacts are in Albany):

- If you work and have an office in your Albany home.
- If you make or receive business-related telephone calls at your Albany Home
- If your Albany home address is the mailing address for a business
- If you have a wholesaler's or merchant's license with an Albany address.
- If you make crafts at your Albany home that are sold at craft shows or swap meets

Applications for Home Occupation are approved by the Community Development Department. Please legibly print your answers to the questions on this form. Please **be specific in your answers**. Community Development Staff will review your application and may make a field visit to your home prior to approving or denying the Home Occupation.

1. What home occupation do you propose? **Be specific**, i.e., office for contractor, mail order sales of electric razors, etc.

2. What parts of your home will be used?

Floor Area Used: _____ sq. ft.

Total Floor Area of Home: _____ sq. ft.

3. What days of the week and times will you be working in your home:

Days: _____

Times: _____

4. What tools and supplies will be used?

5. Where will the tools and supplies be stored?

Please circle Yes or No to the following two questions

**Circle
One:**

6. Do you own your residence? (If you rent your residence, the owner must sign at the bottom of the form).

Yes/No

7. Is your residence a condominium? (If your residence is a condominium, a representative of the Homeowner's Association must sign below).

Yes/No

Please circle Yes or No to the following questions. Please explain all "Yes" answers on the space provided at the end of this section.

**Circle
One:**

8. Will this occupation create any noise, odors, etc.?

Yes/No

9. Will structural alterations to your home be needed for this occupation?

Yes/No

10. Will the existing garage be changed or used so that normal parking of your vehicles will be prevented?

Yes/No

11. Will any accessory structures be used (existing or new) such as a storage shed?

Yes/No

12. Will any part of this operation or the storage of materials be visible to your neighbors?

Yes/No

13. Will the operation of this business require the curb parking of, or deliveries by, commercial vehicles larger than a ¾ ton pick-up truck?

Yes/No

14. Will any signs or advertising material be used on the exterior of the premises?

Yes/No

15. Will there be any employees, or will more than one person be involved?

Yes/No

16. Will any vehicle be used in connection with the occupation? If yes, where will they be stored?

Yes/No

17. Will the floor area used for this occupation be larger than 250 sq. ft.?

Yes/No

18. Will there be more than one customer visit per week?

Yes/No

19. Will any flammable or hazardous materials be used?

Yes/No

20. Will the occupation be more than incidental to the residential use of your home?

Yes/No

Explanations for "Yes" answers: (you may attached separate sheets of paper if necessary)

I CERTIFY THAT:

- A. All of the statements provided above are true; and
- B. I will operate my approved home occupation in accordance with the above statements and any conditions noted below:

Signature of Applicant

Date

NOTICE:

THIS HOME OCCUPATION PERMIT MAY BE REVOKED IF THE CONDITIONS ARE NOT MET, IF THE STATEMENTS MADE IN THIS PERMIT ARE NOT ACCURATE, IF A CITY BUSINESS LICENSE IS NOT KEPT CURRENT, OR FOR OTHER VIOLATIONS OF THE MUNICIPAL CODE.

Property Owner's Approval

(if necessary - see Question 6, above.)

I approve of the home occupation described in this application.

Owner's Name (Printed)

Owner's Signature

Date:

Daytime Telephone Number

Homeowner's Association Approval

(if necessary - see Question 7, above.)

The _____ Homeowner's Association approved the Home Occupation described on this Application on _____(date).

Authorized Signature

Print Name and Position with
Homeowner's Association

FOR OFFICE USE ONLY:

The following findings have been made related to the permit requested herein:

1. The operation, conduct or maintenance of this Home Occupation does not adversely affect the residential character of the neighborhood or the health, morals, comfort or safety of any person residing, working in or passing through the neighborhood or area in which the occupation is conducted. The Applicant has signed an Application that states that the business will conform to the criteria stated in the Municipal Code under Section 20-5-4a through j. Additionally, staff has reviewed the Application and has determined that it conforms with the stated criteria in Section 20-5-4a through j of the Municipal Code.

- 2. The operation, conduct or maintenance of the occupation or business will not be detrimental to the public welfare or injurious to the property, improvements, or the values thereof in the area where the business is conducted. The Applicant has signed an Application that states that the business will conform to the criteria stated in the Municipal Code under Section 20-5-4a through j. Additionally, staff has reviewed the Application and has determined that it conforms with the stated criteria in Section 20-5-4a through j of the Municipal Code.

PERMIT APPROVAL:

Inspection Verification	Date
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Approved:

Planning Manager (or designated Staff)	Date
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Planning & Zoning Commission Agenda Date:_____

Conditions:

ABANDONMENT OR REVOCATION: Please sign and return if you are not longer operating this home occupation.

Signature	Date
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Please return this form to:

City of Albany
 Community Development Department
 1000 San Pablo Avenue
 Albany, CA 94706

Community Development Department staff is available Monday, 8:30 AM to 7:00 PM, Tuesday through Thursday 8:30 AM to 5:00 PM, and Friday 8:30 AM to 12:30 PM at 1000 San Pablo Avenue, Albany, CA 94706 (510) 528-5760.