

CITY OF RIO VISTA
 One Main Street, Rio Vista, CA 94571
 Telephone (707) 374-2205 * Fax (707) 374-5531
HOME OCCUPATION USE PERMIT APPLICATION

Business Name _____ Phone _____

Business Address _____ City _____ Zip _____

Property Owner _____ Phone _____

Property Owner Address _____ City _____ Zip _____

Briefly describe your proposed business _____

Please answer the following questions:

- | | | |
|---|-----|-----|
| 1. Will you be employing anyone other than members of the resident family? | Yes | No |
| 2. Will the Home Occupation create any adverse noise, odor, dust, vibration, electrical interference or other interference with the residential use of adjacent properties? | | Yes |
| No | | |
| 3. Will merchandise or services for sale be produced from or made on the premises? | Yes | No |
| 4. Will the Home Occupation generate vehicular traffic in excess of that normally associated with single family residential use? | Yes | No |
| 5. Will the Home Occupation require the use of more than 25% of the habitable floor area? | Yes | No |
| 6. Will you be storing any materials outside of the premises? | Yes | No |
| 7. Will there be any exterior indication of the Home Occupation at the residence? | Yes | No |
| 8. Are any signs advertising the Home Occupation proposed? | Yes | No |
| 9. Is this a change to a current Home Occupation permit? | Yes | No |
| 10. Will there be any alterations to the existing structure? | Yes | No |

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the conditions and limitations as set forth in Chapter 17 of the City's Municipal Code.

Applicant's Signature: _____ Date: _____

Office Use Only	
Approved by: _____	Date: _____
Additional Conditions: _____	

Denied by: _____	
Date: _____	