



# HOME OCCUPATION PERMIT

CITY OF SOLVANG

PLANNING & BUILDING DEPARTMENT

411 Second Street | Solvang, CA 93463 | (805) 688-5575 | [www.cityofsolvang.com](http://www.cityofsolvang.com)

To ensure that your home based is compliant with the City of Solvang's Municipal Code Home Occupation Permit (11-12-11), please provide the following information . If you have any questions, contact us at (805) 688-5575x220 or email at [planningdept@cityofsolvang.com](mailto:planningdept@cityofsolvang.com)

<b>HOME OCCUPATION INFORMATION</b>	
BUSINESS NAME:	
PRIMARY CONTACT:	
PROPERTY ADDRESS:	APN:
PHONE NUMBER:	EMAIL:
TYPE OF BUSINESS:	
PROPOSED BUSINESS TAKES PLACE IN THE HOME (not including the garage, or a converted garage) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU THE PROPERTY OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No (Property Owner Must Sign)	
DO YOU LIVE ON THE PREMISE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WILL THE HOME OCCUPATION INCLUDE ANY OF THE FOLLOWING?: <input type="checkbox"/> Structural Alterations <input type="checkbox"/> Display Merchandise <input type="checkbox"/> Create Any Smoke or Odor <input type="checkbox"/> Have Outdoor storage of materials related to the Business	
WILL THERE BE CUSTOMERS, PATIENTS, CLIENTS, STUDENTS, OR OTHER PERSONS ON THE SITE AT THE SAME TIME? <input type="checkbox"/> No <input type="checkbox"/> Yes (if so, how many) _____	
WILL YOU HAVE ANY VEHICLES OR TRAILERS STORES ON SITE RELATED TO THE BUSINESS? <input type="checkbox"/> No <input type="checkbox"/> Yes (if so, how many) _____	

**\*\*CONTINUE AND SIGN ON THE NEXT PAGE\*\***

***The Planning Manager will approve a home occupation application only if the proposed occupation meets all the following criteria consistent with Solvang Municipal Code Section 11-12-11-E.***

1. The home occupation shall be an accessory use to the full-time use of the property as a residence.
2. home occupation may have a maximum of one employee on-site in addition to the full-time residents of the dwelling.

3. No home occupation activity shall occupy more than twenty-five (25) percent of the total floor area of the dwelling, or a maximum of 500 square feet, whichever is less. A garage or detached accessory structure may be used for home occupation purposes only if the required off-street parking spaces are continually maintained.
4. There shall be no signs posted on the property associated with the home occupation.
5. There shall be no window display, outdoor storage, or display of equipment, materials, or supplies associated with the home occupation.
6. There shall be no motor vehicles used or kept on the premises associated with the home occupation, except the residents' passenger vehicles and/or one (1) commercial vehicle not exceeding an unladen weight of 4,500 pounds. Such commercial vehicle shall be parked on-site (i.e., the vehicle shall not be parked on the street) within an allowed parking area. No additional vehicles associated with the home occupation are permitted on- or off-site.
7. No home occupation activity shall create or cause a hazard or nuisance, including, but not limited to, hazards and/or nuisances related to dust, electrical interference, fumes, gas, glare, light, noise, odor, smoke, toxic/hazardous materials, or vibration, as determined by the planning manager.
8. Activities conducted and equipment or materials used shall not change the fire safety or occupancy classifications of the property. The use shall not employ the storage of explosive, flammable, or hazardous materials beyond those normally associated with a residential use.
9. The use shall not require any exterior modifications to the structure not customarily found in a dwelling, nor shall the home occupation activity be visible from a public street or surrounding properties.

**CERTIFICATION AND ACKNOWLEDGEMENT**

Hereby certify that the above answers are true and correct and the proposed use is strictly secondary and subordinate to the primary use and will not detrimentally change or affect the residential character of the dwelling, premises, or neighborhood. I have read and understand the listed requirements and agree to abide by these stipulations. Should I violate these stipulations, I acknowledge and understand my home occupation permit may be revoked.

NAME OF BUSINESS OWNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_