Planning and Building Agency
Planning Division
20 Civic Center Plaza
P.O. Box 1988 (M-20)
Santa Ana, CA 92702
(714) 647-5804
Planning@santa-ana.org
www.santa-ana.gov

HOME OCCUPATION PERMIT
PROPERTY ACKNOWLEDGEMENT

Applicant Name: _____

Business Name: _____

Home Occupation Address: _____

I acknowledge that the applicant identified above is proposing to operate a home occupation at the property listed above. By signing below, I acknowledge that I am aware of the proposed home occupation and have no objection to the applicant applying for a Home Occupation Permit with the City of Santa Ana.

PROPERTY OWNER / PROPERTY MANAGER

Name: _____

Property Owner: ☐ **Property Manager:** ☐

Signature: _____ **Date:** _____

HOMEOWNERS' ASSOCIATION

Complete if applicable.

Homeowners' Association: _____

Authorized Representative: _____

Signature: _____ **Date:** _____