



CITY OF RIDGECREST

PLANNING DIVISION

100 W. California Ave.
Ridgecrest, CA 93555
(760) 499-5071
businesslicense@ridgecrest-ca.gov

Case No.: _____

Date: _____

Fee: _____

HOME OCCUPATION APPLICATION

APPLICANT / OWNER INFORMATION

APPLICANT		
Name(s):	Business Name:	
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
PROPERTY OWNER		
Name(s):		
Phone:	Email:	

Briefly state the type of business or vocation you wish to operate at your home ; the method of sales (if goods are to be rented or sold); the use of any machinery or specialized tools or equipment, any methods of manufacture or assembly used, and where in your home you will operate your business or vocation .

HOME OCCUPATION INFORMATION

Days per week of operation: _____ Hours per day of operation: _____
Number of deliveries per week: _____ Number of customer visits per week: _____
Vehicles/trailers used: _____
Machinery/tools used: Yes / No

PROJECT JUSTIFICATION

If your business or vocation involves any assembly, manufacturing, use of specialized equipment/machinery/electrical devices or any customer or delivery visits to your home, briefly describe how you will avoid offending your neighbors by the violation of the provisions provided for in the Municipal Code.

AUTHORIZED SIGNATURES

Property description (Assessor's Parcel Number, Parcel Map Number and Lot, Tract Number and Lot, or other acceptable property description) _____

I have received the following information from the City of Ridgecrest Community Development Department to file an application for a Home Occupation Permit.

1. A description of the Home Occupation application procedure and conditions under which a Home Occupation can be operated (Section 106-31 of the Municipal Code)
2. I have been notified that the most significant condition under which a Home Occupation can operate is that the location of the Home Occupation must be my primary residence. I understand that I may be required to provide proof of residency with voter registration, tax statements, driver's license, or other acceptable verification.
3. I have been notified that if my Home Occupation allows the presence of clients in my home I shall be required to comply with ADA (American Disability Act) accessibility requirements. Verification that I have met these requirements shall be made by the City of Ridgecrest Building Department.

I hereby certify that I will not violate any of the above provisions or conditions of approval of my Home Occupation Permit, knowing well that if such violation occurs my permit may be revoked by City Council.

I have read and understand the attached Municipal Zoning for Home Occupation Permits Code 106-31.

I (we), the undersigned hereby certify that I am (we are) the owners of the above described property or that I am the authorized agent of the owner. Executed under penalty of perjury.

PROPERTY OWNER SIGNATURE

PROPERTY OWNER NAME (PRINT)

DATE

APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

DATE