HOME OCCUPATION ZONE CLEARANCE

Address of the home-based business: ____________________________

Business name: ____________________________

Business operator name: ____________________________

Business operator phone #: Business ____________ Cell ____________

Days and hours of operation: ____________________________

Total square footage of the above home: ____________

Square footage of space devoted to the business: ____________

[Space devoted to the home occupation shall not exceed 25% of the residential unit floor area.]

Number of business employees who reside at the home: ____________

Do non-resident employees report to the house? Yes / No If “Yes,” how many? ____________

How many customers will be coming to the residence? (average number per day): ____________

Description of the business and any vehicles used for the business: ____________________________

____________________________________________________________________________

As operator of this business, I affirm that the above information is correct and I acknowledge the following: any modifications to the home, including interior or exterior changes, may require additional permits; Health Department approval may be required; and the business must apply for a City tax certificate and pay taxes to legally operate in the City of Fresno.

Signature (Business Operator) ____________________________ Date ____________________________

BOXES BELOW ARE FOR CITY STAFF TO COMPLETE

<table>
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<tr>
<th>Zone District: ____________</th>
<th>Planning has verified that this use at this location is an allowable home occupation.</th>
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<td>The applicant has been advised regarding Fresno Municipal Code §15-2735, Home Occupations</td>
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