



CITY OF POMONA HOME OCCUPATION APPLICATION

DATE _____ PERMIT NUMBER HOP _____
NAME OF APPLICANT _____ PHONE _____
ADDRESS OF APPLICANT _____
NAME OF PROPERTY OWNER _____ PHONE _____
ADDRESS OF PROPERTY OWNER _____
DETAILED EXPLANATION OF HOME OCCUPATION REQUESTED _____

- * WILL THERE BE ANY EMPLOYEES HIRED, OTHER THAN FAMILY? YES _____ NO _____
- * WILL THERE BE PRODUCTS/GOODS SOLD OR DISPLAYED ON THE PREMISES?
YES _____ NO _____
- * WILL THE HOME OCCUPATION INVOLVE THE USE OF COMMERCIAL VEHICLES FOR DELIVERY
OF MATERIALS TO OR FROM THE PREMISES? YES _____ NO _____
- * WILL THE HOME BE REMODELED OR ALTERED AS A RESULT OF HOME OCCUPATION?
YES _____ NO _____
- * WILL THERE BE USE OF SIGNS IN RELATION TO HOME OCCUPATION?
YES _____ NO _____
- * WILL HOME OCCUPATION BE CONDUCTED IN MORE THAN ONE ROOM?
YES _____ NO _____
- * WILL PEOPLE COME TO YOUR HOME TO OBTAIN PRODUCT(S) OR UTILIZE ANY SERVICE?
YES _____ NO _____

IF YOU HAVE ANSWERED YES TO ANY OF ABOVE, PLEASE EXPLAIN _____

DESCRIBE THE TYPE AND LOCATION OF ANY STORAGE MATERIALS _____

DESCRIBE THE TYPE OF EQUIPMENT USED IN OPERATION OF HOME OCCUPATION _____

ARE THERE DEED RESTRICTIONS OR COVENANTS, CONDITIONS AND RESTRICTIONS IN EFFECT
WHICH EITHER PROHIBIT OR LIMIT THE PROPOSED BUSINESS? YES _____ NO _____

I HEREBY STATE THAT THE FOREGOING STATEMENTS AND ANSWERS CONTAINED HEREIN ARE
IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER STATE THAT I HAVE READ AND UNDERSTAND HOME OCCUPATION ORDINANCE NUMBER
3623 AND, IN THE EVENT THE HOME OCCUPATION IS GRANTED, I WILL COMPLY IN ALL
RESPECTS TO THE REGULATIONS THEREIN.

SIGNATURE OF APPLICANT

SIGNATURE OF PROPERTY OWNER

PLANNING DIVISION RECEIPT NUMBER _____

APPROVED BY _____ DATE _____