

*City of Gonzales*  
PLANNING DEPARTMENT  
PO Box 647  
147 Fourth Street  
Gonzales, CA 93926

Home Occupation Permit Application

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\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Mailing Address (Print)

\_\_\_\_\_  
Business Name (Print)

\_\_\_\_\_  
Property Address of Business (Print)

\_\_\_\_\_  
Applicant's Home Phone

\_\_\_\_\_  
Applicant's Business Phone

\_\_\_\_\_  
Property Owner's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

----- Please answer all the questions. If not applicable, indicate "N/A" -----

1. Description of home occupation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What materials, chemicals, or supplies will you be using/storing at the residence? List type and quantity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What type of equipment, tools or machinery will you be using in your home occupation?  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the energy consumption/power rating (horsepower, amps, watts or BTUs) of the items listed for the question above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will there be any alterations or remodeling of the residence to facilitate your proposed business?  
\_\_\_\_\_  
\_\_\_\_\_

6. How much customer traffic do you expect will be generated by your home occupation? Include vehicle and pedestrian traffic. \_\_\_\_\_

7. Will the home occupation involve any of the following processes? Cutting, sawing, heating, mixing, welding, drilling, painting, cooking, grinding, sanding, any other \_\_\_\_\_

8. How many square feet of the residence will the home occupation utilize? \_\_\_\_\_

Total area (square feet) of the residence (do not include garage) \_\_\_\_\_

9. Will any lessons be given at the residence? (If yes, indicate the time of day, number of lessons per day and number of students taught per lesson) \_\_\_\_\_

10. Will any vehicles be used in the conduct of the business? (If yes, indicate the number, size and where to be parked) \_\_\_\_\_

11. What will be the number and frequency of deliveries or shipments to & from the residence? \_\_\_\_\_

12. Is a County, State or Federal permit required for the conduct of your proposed business? (If yes, indicate the type and numbers of any) \_\_\_\_\_

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I CERTIFY (OR DECLARE) UNDER THE PENALTY OF PERJURY THAT THE FOREGOING PROVIDED INFORMATION IS TRUE AND CORRECT AND THAT I HAVE READ AND WILL COMPLY WITH THE REQUIREMENTS OF § 12.112.050 [HOME OCCUPATIONS] OF THE GONZALES MUNICIPAL CODE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's/Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager's Name

\_\_\_\_\_  
Phone Number