

CITY OF POMONA HOME OCCUPATION APPLICATION

DATE	PERMIT NUMBER HOP
NAME OF APPLICANT	PHONE
ADDRESS OF APPLICANT	
	PHONE
ADDRESS OF PROPERTY OWNER	
DETAILED EXPLANATION OF HOME OCCUPATION	
WILL THERE BE ANY EMPLOYEES HIRED, OTH	HER THAN FAMILY? YES NO
WILL THERE BE PRODUCTS/GOODS SOLD OR I	DICDIAVED ON THE DEFMICECS
	YESNO
WILL THE HOME OCCUPATION INVOLVE THE U	USE OF COMMERCIAL VEHICLES FOR DELIVERY
OF MATERIALS TO OR FROM THE PREMISES?	YES NO
WILL THE HOME BE REMODELED OR ALTERED .	
	YES NO
WILL THERE BE USE OF SIGNS IN RELATION	
	YES NO
WILL HOME OCCUPATION BE CONDUCTED IN M	
	YES NO
WILL PEOPLE COME TO YOUR HOME TO OBTAI	IN PRODUCT(S) OR UTILIZE ANY SERVICE?
	YES NO
F YOU HAVE ANSWERED YES TO ANY OF ABOVE	E, PLEASE EXPLAIN
ESCRIBE THE TYPE AND LOCATION OF ANY ST	CORAGE MATERIALS
ESCRIBE THE TYPE OF EQUIPMENT USED IN O	PERATION OF HOME OCCUPATION
	G, CONDITIONS AND RESTRICTIONS IN EFFECT
HICH EITHER PROHIBIT OR LIMIT THE PROPO	SED BUSINESS? YES NO
UPDPDV cmxmp mux mup poppostus cmxmp	
HEREBY STATE THAT THE FOREGOING STATEM	
N ALL RESPECTS TRUE AND CORRECT TO THE	BEST OF MY KNOWLEDGE AND BELIEF.
	DERSTAND HOME OCCUPATION ORDINANCE NUMBER
623 AND, IN THE EVENT THE HOME OCCUPATI	•
ESPECTS TO THE REGULATIONS THEREIN.	
	SIGNATURE OF APPLICAN
	Sacritation of William
	SIGNATURE OF PROPERTY OWN
	SIGNATURE OF FROPERTY OWN.
LANNING DIVISION RECEIPT NUMBER	
DAMMING DIVISION RECEIPT NUMBER	
PPROVED BY	DATE
	UA LE