

HOME OCCUPATION PERMIT

I.C. PLANNING & DEVELOPMENT SERVICES DEPT.
801 Main Street, El Centro, CA 92243 (442) 265-1736

- APPLICANT MUST COMPLETE ALL NUMBERED (black) SPACES - Please type or print -

1. PROPERTY OWNER'S NAME	EMAIL ADDRESS	
2. MAILING ADDRESS (Street / P O Box, City, State)	ZIP CODE	PHONE NUMBER
3. OCCUPANT'S NAME	EMAIL ADDRESS	
4. MAILING ADDRESS (Street / P O Box, City, State)	ZIP CODE	PHONE NUMBER
5. ASSESSOR'S PARCEL NO.	SIZE OF PROPERTY (in acres or square-feet)	ZONING (existing)
6. PROPERTY (site) ADDRESS		
7. GENERAL LOCATION (i.e. city, town, cross street)		
8. LEGAL DESCRIPTION		
9. SIZE OF RESIDENCE (in square-feet)	LOCATION OF OCCUPATION? RESIDENCE <u>OR</u> DETACHED ACCESSORY STRUCTURE?	

PLEASE PROVIDE CLEAR & CONCISE INFORMATION (ATTACH SEPARATE SHEET IF NEEDED)

10. DESCRIBE HOME OCCUPATION (describe in detail)	_____

11. TRADE NAME OF BUSINESS	_____
12. RESALE NUMBER, IF ANY	_____
13. TOOLS, MACHINERY, EQUIPMENT TO BE USED	_____

I / WE THE LEGAL OWNER (S) OF THE ABOVE PROPERTY CERTIFY THAT THE INFORMATION SHOWN OR STATED HEREIN IS TRUE AND CORRECT.

_____	_____
Print Name	Date
_____	_____
Signature	
_____	_____
Print Name	Date
_____	_____
Signature	

REQUIRED SUPPORT DOCUMENTS

A. SITE PLAN (INCLUDING AREA CALCULATIONS)	_____
B. OTHER	_____
C. OTHER	_____
D. OTHER	_____
E. OTHER	_____

APPLICATION RECEIVED BY: _____	DATE _____	FINAL ACTION:
APPLICATION DEEMED COMPLETE BY: _____	DATE _____	<input type="checkbox"/> APPROVED
APPLICATION REJECTED BY: _____	DATE _____	<input type="checkbox"/> DENIED
APPEAL RECEIVED BY: _____	DATE _____	HOP # _____
APPEAL DATE: _____	HEARING DATE _____	