



HOME OCCUPATION SELF-CERTIFICATION CHECKLIST

Planning Department

8353 Sierra Ave., Fontana, CA 92335

(909) 350-6718

NAME OF HOME OCCUPATION (BUSINESS NAME)	
ADDRESS	
BY SIGNING BELOW, I ACKNOWLEDGE THAT I WILL ABIDE BY THE REGULATIONS PERTAINING TO HOME OCCUPATIONS AND THAT:	
<input type="checkbox"/>	1. No use will create or cause noise, dust, vibration, smell, glare or electrical interference or other hazards or nuisances.
<input type="checkbox"/>	2. No employees other than me, the resident, of the dwelling will be allowed in connection with a home occupation. Babysitters or domestic servants are not considered employees of a home occupation. (Exception: Approved Cottage Food Operations)
<input type="checkbox"/>	3. There will be no clients or customers on the premises at any time, except where the Community Development Department determines that limited customer traffic may be warranted due to the nature of the business.
<input type="checkbox"/>	4. If home occupation is to be conducted on rental property, the property owner's authorization for the proposed use will be obtained prior to the issuance of a home occupation permit. (Application available from the Planning Division)
<input type="checkbox"/>	5. Where I serve as an agent or intermediary between outside suppliers and outside customers, all articles, except for samples, will be received, stored and sold directly to customers at an off-premises location.
<input type="checkbox"/>	6. There will be no use of material or mechanical equipment not recognized as being part of a normal household or hobby use.
<input type="checkbox"/>	7. No vehicle larger than a one ton, four wheel truck will be used in connection with my home occupation.
<input type="checkbox"/>	8. Activities conducted, and equipment or material used, will not change the fire safety or occupancy classifications of the premises nor use utilities in amounts greater than normally provided for residential use.
<input type="checkbox"/>	9. There will be no sale of products or services not produced on the premises.
<input type="checkbox"/>	10. There will be no advertising which identifies the home occupation by street address.
<input type="checkbox"/>	11. The use will not involve the special use of commercial vehicles for delivery to or from the premises.
<input type="checkbox"/>	12. There will be no storage of material and/or supplies, indoor or outdoor for purposes other than those permitted in the residential zone.
<input type="checkbox"/>	13. The home occupation will not be identified by a sign.
<input type="checkbox"/>	14. A structure or space outside of the main building or an accessory structure, including the garage, may be used for home occupation purposes; however, whenever a garage is used, the home occupation will not reduce the required parking area as established by this Code.
<input type="checkbox"/>	15. In no way will the appearance of the structure be altered or the occupation within the residence be conducted in a manner which causes the premises to differ from its residential character either by use of colors, materials or construction, lighting, signs, sounds or noises, vibrations, or similar distinctive workings.
<input type="checkbox"/>	16. I understand that the Director of Community Development may impose such conditions on the issuance of the permit as are necessary to ensure that the use will have no adverse effect on the neighborhood and it shall be unlawful for a home occupation to be carried on in violation of such conditions or so as not to conform with the requirements of this section. (Exception: Approved Cottage Food Operations)



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I ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY THE REGULATIONS PERTAINING TO HOME OCCUPATIONS.

SIGNATURE

DATE

PRINT NAME

TITLE

FOR OFFICE USE ONLY

The Community Development Department finds that:

- 1) The use can be conducted safely;
- 2) The use will not have an adverse effect on the neighborhood or other adjacent uses; and,
- 3) The use can reasonably be expected to conform to the requirements/restrictions of a cottage food operation.

STAFF SIGNATURE

DATE

PRINT NAME

TITLE