

HOME OCCUPATION PERMIT APPLICATION

To avoid any delays in processing your application, please print or type legibly, and completely fill out this form.

APPLICANT INFORMATION

Applicant's Name:				Phone No.		
				Unit:		
Description o	of Proposed	Business Activit	ty (be specific):			
Business Hours:				_ Business Days:		
Vehicle Used	l (Note: Limit	ted to one not exc	eeding 10,000 GVV	V and/	d/or larger than two axles):	
Year Make			Model		License Plate No	
		PRC	PERTY OWNE		NFORMATION	
□ Property	Owner	□ Renting/	Leasing		Other	
					de the property owner/(s) and/or legal authorized gh 16-404 or 17-55 of the Oxnard City Code.	
I am the owner and/or legal authorized owner/representative Home Occupation Ordinance and am aware that the tenant of of Oxnard.			1	of the property referenced above. I have received a copy of the our property is seeking a home occupation permit from the City		
Phone Number				Date		
Owner		Managemen	t Company		• Other	
		C	APPLI		NT	
operating stand sections refere	dards of the enced above	Home Occupatio and understand th	n Ordinance of th	e City ect to o	is is subject to and not limited to the rules, regulations and ity of Oxnard. I have received a copy of the City Code to civil fines and possible revocation of my business tax attions are violated.	
Applicant's N	Name			Da	Date	
OFFICE USE ONLY				OFFICE USE ONLY		
□ Approved	d í	Denied	HOP No.			
Comments/C	onditions:					

Planner's Signature

Date

Zoning

□ APPLICANT COPY · □ BUSINESS LICENSING COPY · □ PLANNING COPY

CITY OF OXNARD • PLANNING DIVISION • 214 SOUTH C STREET • OXNARD, CA 93030 • (805) 385-7858 • WWW.OXNARd.org/planning