



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 P: (909) 364-2740
 E: communitydevelopment@chinohills.org

Date: _____

Result: Approved Denied

HOP #: _____

Processed By: _____

HOME OCCUPATION PERMIT

This application is required for all businesses being operated from a residential dwelling unit within the City of Chino Hills.

PROPOSED BUSINESS INFORMATION

Business Name (dba): _____

Detailed Description of Operations: _____

Days & Hours of Operation: _____

BUSINESS OWNER(S) INFORMATION (Attach additional sheet if necessary)

Owner Name: _____ Phone: _____

Address: _____ Email: _____

Owner Name: _____ Phone: _____

Address: _____ Email: _____

LOCATION INFORMATION

Location Address: _____ Unit #: _____

Total Square Feet of Dwelling: _____

Location At Residence Where Work Will Be Performed and Materials Stored*: Interior Office Garage
 (Sq. Ft. _____) (Sq. Ft. _____)

** Maximum 400 Sq. Ft. or 20% of total dwelling Sq. Ft., whichever is less. Garage space may only be utilized if the home occupation does not impact the required parking.*

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Management Company:
 (If different than property owner) _____

Address: _____

Phone: _____ Email: _____

APPLICATION CONTINUED ON PAGES 2 & 3

QUESTIONNAIRE:

1) Is the business being relocated from another location in Chino Hills? Yes No

IF YES: Previous Address: _____

2) Is this the only business being operated from the home? Yes No*

IF NO: Provide name(s) of **ALL** businesses operating from the home:

** A separate Home Occupation Permit may be required.*

3) Number of on-site deliveries per week? _____

4) Number of client visits per week? _____

5) Does the business involve the use of chemicals/hazardous materials? Yes No

IF YES: List Chemicals: _____

Describe where & how chemicals will be stored? _____

6) Will any materials/merchandise be stored on-site? Yes No

IF YES: Fully describe type(s) of materials/merchandise: _____

Describe where & how materials will be stored? _____

7) Will the business involve the sale of vehicles? Yes No

8) Will the business involve the mechanical repair/service of vehicles? Yes No

PERFORMANCE STANDARDS *Read and initial each line item*

- 1) The applicant is required to obtain a City Business License from the City of Chino Hills Business License Division. The applicant shall annually renew and maintain his/her business license with the Business License Division; otherwise the Home Occupation Permit shall expire. (Initial: _____)
- 2) The home occupation use shall not detract from, or impede, the primary use of the property as a residential dwelling or the residential character of the surrounding neighborhood. (Initial: _____)
- 3) There shall be no exterior operations, storage, or display of materials to be used in conjunction with a home occupation. (Initial: _____)
- 4) The total floor area used for the business, including any storage areas or areas within accessory structures, shall not exceed 20 percent of the total dwelling or 400 square feet, whichever is smaller. (Initial: _____)
- 5) None of the area used in connection with the home occupation shall be located within a required garage parking space. (Initial: _____)
- 6) No person other than a resident of the dwelling shall be employed on-site or report to work at the site in conduct of the home occupation. (Initial: _____)
- 7) There shall be no signs, banners, or flags displayed which would be visible from outside the dwelling unit. (Initial: _____)
- 8) Only one vehicle associated with the home occupation no larger than 20 feet in length, 8 feet in height or 90 inches in width may be stored at the home and must be fully parked either in the garage or driveway of the home. Said vehicle may display the name and logo of the HOP business on the two side panels of the vehicle provided the display is no larger than 18 inches in width and 12 inches in height per side. (Initial: _____)

- 9) No advertisement shall be placed in any media containing the address of the property. (Initial: _____)
- 10) Visitors or customers shall be limited to three persons per day. (Initial: _____)
- 11) Deliveries to or from the HOP residence shall not exceed more than three per day and shall not involve the use of commercial vehicles except for Fed Ex, UPS or similar home delivery vehicle. (Initial: _____)
- 12) The residence shall not be used as a retail storefront (i.e. potential customers shall not visit the premises to browse merchandise) although pursuant to Section 16.56.020, Performance Standards, occasional visits by clients to complete paperwork, tender payment, and/or take delivery of products previously ordered is permissible. (Initial: _____)
- 13) Access to the HOP residence by customers may be subject to disabled access requirements. Permittee is directed to contact the City of Chino Hills Building Division prior to accepting customers at the HOP Residence. (Initial: _____)
- 14) There shall be no process, procedure, substance or chemical used which is hazardous to public health, safety, or welfare. (Initial: _____)
- 15) Storage of flammable or hazardous materials is prohibited. Proposed materials are subject to review and approval by the Chino Valley Fire District. (Initial: _____)
- 16) Utility changes shall not be made to any gas/electric/water line, meter or service to accommodate a home occupation, and utility use shall not reasonably exceed that normally or previously used at the residence. (Initial: _____)
- 17) No home occupation activity shall produce noxious matter, vibrations, glare, dust, electrical interference, or perceptible noise beyond the property line. (Initial: _____)
- 18) All home occupation activities must be in full compliance with applicable Federal, State and County regulations, and must demonstrate such compliance as requested by the City. (Initial: _____)
- 19) Cottage food operation shall comply with California Health and Safety Code Section 113758. (Initial: _____)

THIS SECTION FOR CITY USE ONLY
ADDITIONAL PROJECT SPECIFIC HOP CONDITIONS – Applicant to initial each additional condition

CERTIFICATION

By signing below, I certify under the penalty of perjury:

- 1) The business will only provide the functions/services described here-in and attached here-to, and that the operation of the business will not violate any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law.
- 2) That, if at any time, the business operates outside of the approved functions/services, or violates any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law, the City may require the business to cease operation until such time that any violation has been addressed to the satisfaction of the City, State, and/or Federal Government.

Signature Print Name Date

SUBMITTAL REQUIREMENTS: All of the documents below are required at time of submittal

- One (1) Copy** – Home Occupation Permit
- One (1) Copy** - [Business Plan](#) or Statement of Operations.
Plan must include, at minimum,
 - List of **all** functions/services being offered/performed;
 - Description of any/all merchandise for sale; and
 - Method(s) of customer contact (i.e.: in-person, online, phone, etc.).
- One (1) Copy** - Completed [Business License Application](#)



Community Development Department
 Business License Division
 14000 City Center Drive, Chino Hills, CA 91709
 (909) 364-2740 / Email: communitydevelopment@chinohills.org

BUSINESS LICENSE APPLICATION

- New Business** **Business Name Change Only** (No Ownership Change) (Acct # _____)
- New Ownership or New Address** (Process as New License & Close Acct # _____)
- Home Occupation Permit Number** _____ (City Staff Use Only)

BUSINESS INFORMATION **Please Type or Print Legibly**

Business Name (dba): _____

Corporation LLC LLP Sole Proprietorship LP (Limited Partnership) GP (General Partnership)

Corporation Name (if applicable): _____

Physical Address: _____
 (include city, state, zip code)

Mailing Address: _____
 (if different from above)

Phone #: _____ Website: _____

No. of Employees : 0-9 10-50 51-100 101+ No. of Owners: 1 2-3 4+

Detailed Business Description: _____

SIC & NAICS CODES - **In City & Home Occupation Businesses ONLY**

SIC Code: _____ NAICS Code: _____

*Standard Industrial Classification (SIC) Code & NAICS Code can be found at <https://www.naics.com/search/>

COMPANY OWNER/OFFICER INFORMATION - **Attach additional sheets if necessary**

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION - In City & Home Occupation Businesses ONLY

Owner Name: _____
Address: _____
Phone #: _____ Email: _____

PROPERTY MANAGEMENT INFORMATION - In City & Home Occupation Businesses ONLY

Company Name: _____
Company Address: _____
Contact Name: _____
Phone #: _____ Email: _____

QUESTIONNAIRE – ALL APPLICANTS

- 1) Yes No Is this business conducted from your home in Chino Hills?
If Yes, a [Home Occupation Permit](#) is required per CHMC § 16.56.
- 2) Yes N/A Do you hold a professional license (i.e.: contractor, cosmetologist, real estate, etc)?
If Yes, Type: _____ License #: _____ Expiration: _____
- 3) Yes No Are you an honorably discharged veteran selling tangible goods?
If Yes, complete a [Claim for Veterans Exemption from Business License Fees](#) form.
- 4) Yes No Is this business “Not For Profit”? *If Yes, documentation required.*

QUESTIONNAIRE - In City & Home Occupation Businesses ONLY

- 5) Yes No Will the business operations include any work, use or storage activities outside of a fully enclosed building?
- 6) Yes No Will the business operations include discharging of any waste, waste water, or rinse water to the ground, street, or storm drain?
- 7) Yes No Will the business operations include any use, processing, handling, storage, and/or discharge of chemicals of any kind, including hazardous chemicals or solvents?
- 8) Yes No Will the business operations include the generation of any hazardous chemicals and/or hazardous waste?
- 9) Yes No Will the business operations include storage of more than 5 gallons of any flammable liquids?
- 10) Yes No Will the business operations include vehicle painting, spray painting or powder coating?
- 11) Yes No Will the business operations include any sanding, cutting, shaping of wood, metals, plastic, or other products producing combustible dust and/or fibers?
- 12) Yes No Will the business operations include any repairs and/or maintenance of vehicles?
- 13) Yes No Will the business operations include any washing of equipment or vehicles?
- 14) Yes No Will the business operations include the preparation of food and/or beverages?
- 15) Yes No Is the on-site sewer system equipped with a clarifier or grease interceptor? If so, what size?
- 16) Yes No Has a Water Quality Management Plan (WQMP) been prepared for the property?
- 17) Yes No Will the business operations include any storage of rolled paper, bundled cardboard, baled paper, baled hay/straw, or similar products?
- 18) Yes No Will the business operations include any fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum (propane) or hydrogen gas?
- 19) Yes No Will the business be sharing space with another business?
- 20) Yes No Is this a food service, gas station, animal keeping, commercial or industrial business?
If Yes, additional documentation may be required.

21) Yes No **Is the business and/or business operation required to obtain a storm water permit under the NPDES Permit Program for discharges associated with industrial activities?**
If Yes, provide all primary [SIC codes](#) and WDID, NONA or NEC codes applicable to facility(ies) operated as part of the business and attach the corresponding WDID, NONA or NEC.

22) Yes No **If the answer was "Yes" for questions 5-21, list the question number and fully describe/explain ALL "Yes" answers in the area provided below. Use a separate sheet if necessary. PROCESSING WILL BE DELAYED IF THE APPLICATION IS MISSING THIS INFORMATION.**

RESPONSES TO QUESTIONNAIRE – Attach additional sheet if necessary

AGENT FOR SERVICE OF PROCESS – Required for businesses using a PO Box instead of the home address

Business & Professions Code § 17538.5

Any person conducting business from their home residence is not required to disclose the residence address if both of the following conditions are satisfied:

(A) The person's current business street address or home address is contained in a United States Postal Service (USPS) Form 1583 that is filed with the USPS.

(B) The person has signed an acknowledgement form authorizing a commercial mail receiving agency (CMRA) to act as that person's agent for service of process.

A copy of each of the fully executed documents is required at time of application submittal.

CERTIFICATION (* Contact information required for the person completing the application)

- 1) I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.
- 2) IF USING A PO BOX INSTEAD OF HOME ADDRESS, I HAVE READ AND AGREE TO THE "AGENT FOR SERVICE OF PROCESS" SECTION ABOVE AND HAVE PROVIDED THE CITY WITH A FULLY EXECUTED COPY OF USPS FORM 1583 AND AN ACKNOWLEDGEMENT FORM.
- 3) I AGREE TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS, AND THE CITY OF CHINO HILLS AND CHINO VALLEY FIRE DISTRICT CODES AND REGULATIONS.
- 4) I FURTHER UNDERSTAND THAT THIS DOCUMENT IS CONSIDERED A "PUBLIC RECORD" AND MAY BE RELEASED PER THE "CALIFORNIA PUBLIC RECORDS ACT" (CPRA) (CA GOV § 6250-6270.7).

Signature: _____ **Date:** _____

Print Name: _____

Email: _____ **Phone Number:** _____

Notice: Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations from the following agencies: Division of the State Architect, Department of Rehabilitation, or The California Commission on Disability Access.

CITY STAFF USE ONLY

Zoning Review: Use Permitted N/A **Date:** _____ **By:** _____

Environmental Review: SIC/NAICS Code _____ Subject to NPDES IGP Requirements N/A

NPDES IGP Document Attached per SB 205 WDID _____ NONA ID. _____ NEC ID. _____

Date Reviewed: _____ **Reviewed By:** _____