



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

HOME OCCUPATION USE PERMIT

This information is provided as a guide to assist you in the preparation of your application for a Home Occupation Use Permit (HOUP). It is also intended to explain the process by which the City analyzes and acts upon the application.

What is a Home Occupation Use Permit?

The Patterson Municipal Code is a body of law that, among other things, establishes the permitted uses for each of the various zoning districts within the City. Generally, businesses are not allowed within the residential zones of the city. However, there are provisions within the municipal code which allow for the operation of home occupations, subject to specific standards and conditions. Home Occupation Use Permits are generally granted for administrative operations only. However, other certain types of home operations may be allowed dependent upon their ability to meet the required standards and subject to additional conditions as may be deemed necessary.

Application Submittal

An application for a Home Occupation Use Permit shall be filed by the business owner with the Community Development Department on forms prescribed for this purpose. An application for a Home Occupation Use Permit is attached. The application must be filled out completely, and must be accompanied by the following items:

- A written statement of operational characteristics which should include all relevant details of the proposed use (detailed description of the type of use, operating hours, number of employees, vehicles, etc.); this should be signed and dated and accompany the home occupation use permit application on a separate piece of paper.
- Property owner's concurrence in the application (if owner does not sign the application);
- \$185.00 Home Occupation Use Permit Fee.**

**** This is a one time fee due at the time of application submittal, however if you move locations, you will have to reapply and pay this fee again**

Note: Additional information may be required by the Community Development Director during review of your application.



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STANDARDS

The following are standards that shall be adhered to for the issuance of a Home Occupation Use Permit:

- A. A home occupation must be conducted entirely within a dwelling by a person or persons residing in the dwelling as a purely secondary and incidental use of such dwelling to its primary residential use.
- B. Off-site employees or partners are permitted so long as they do not work or report for work at the subject property.
- C. The residential appearance of the premises shall not be altered through remodeling or new construction so as to give the appearance of other than normal residential premises or to call attention to the premises.
- D. There shall be no mechanical equipment or operation used which creates or makes noise, dust, odor, vibration or other effects detectable at the property line.
- E. There shall be no display of products produced by the home occupation visible in any manner from the outside of the dwelling unit. There shall be no sale of commodities upon the premises.
- F. The use shall not generate pedestrian or vehicular traffic other than trips by the one allowed business vehicle per Section 18.64.030 of this chapter and bi-monthly business deliveries by a carrier normally associated with residential deliveries. Business customers are not allowed on-site unless otherwise accepted by this chapter.
- G. There shall be no storage of materials or supplies out-of-doors.
- H. No more than one business vehicle shall be parked or used in connection with the business on or near the premises. All deliveries to and from the premises by the applicant shall be only by the one allowed business vehicle. "Business vehicle" means a car, pickup or van (3/4 ton maximum size) used for home business purposes and driven by a person residing on the premises.
- I. There shall be no advertising of the home occupation which uses the street address of the premises, and no on-site signs advertising the business.



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- J. Not more than one room or ten percent (10%) of the floor area of the main building, whichever is greater, shall be used for the home occupation. If a garage is used in connection with a home occupation, such use must not interfere with its primary use as vehicular storage.
- K. There shall be no raising of animals for commercial purposes.
- L. Other conditions deemed necessary by the Community Development Director.
- M. The following specific home occupation uses may be permitted subject to further limitations as follows:
1. Contractors' and Subcontractors' offices are permitted as home occupations. The storage of materials, equipment or more than one commercial vehicle not normally associated with residential uses shall be prohibited.
 2. Swimming lessons, music lessons, and other similar instructions, when given to no more than three students at one time.
 3. Dressmakers, limited to residents of the dwelling.
- N. The following uses are expressly prohibited as home occupations:**
1. Repair or reconditioning of motorized vehicles or equipment on-site.
 2. Manufacturing, including cabinet shops and similar uses.
 3. Repair or reconditioning of major household appliances.
 4. Repair or reconditioning of boats or recreational vehicles.
 5. Medical, dental and chiropractic clinics and offices and counseling services.
 6. Furniture repair, restoration and upholstery.
 7. Beauty/barber shops, including nail and skin care salons.
 8. Real estate offices.



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9. Weapons and ammunition sales and service.
10. Welding shops.
11. Animal clinics and pet grooming shops.
12. Massage establishments.

Processing the Application

The processing time for a Home Occupation Use Permit varies from twenty (20) to thirty (30) days. Public Notice shall be posted in the newspaper, mailed to the subject property and mailed to all property owners within 300' of the subject property. From the date of posting a ten (10) calendar day review period begins. After this review period has expired, a determination shall be made. You will receive written communication of this determination, and if approved, any conditions of approval. If not paid at the time of application submittal, an invoice for the City of Patterson Business License will be mailed to you and after payment is received by the City, the business license will be mailed to you.

Note: The applications are processed once a week, due to noticing deadlines. The weekly deadline is Tuesday, 10:00 a.m., otherwise the application gets processed the following week.

Appeal Process

Any interested party, aggrieved by the determination of the Community Development Director, may appeal this decision to the Planning Commission within ten calendar days after such date of determination. Approval of the application is not in effect until the appeal period has expired, or any appeal filed has been acted upon by the Planning Commission. Appeals must be made in written form, addressed to the Planning Commission and accompanied by the required fee of \$605.00.

Revocation

A Home Occupation Use Permit may be revoked due to non-use, failure to comply with standards and conditions of approval, and failure to obtain a business license. A Home Occupation Use Permit may be revoked following notice to the permittee at least ten (10) days prior to the revocation. A decision to revoke a Home Occupation Use Permit may be appealed to the planning commission as specified in Chapter 18.14.070 of this title.

If you have any questions regarding Home Occupation Use Permits, please contact the City of Patterson Community Development Department at (209) 895-8020.



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HOME OCCUPATION USE PERMIT APPLICATION

PROPOSED BUSINESS NAME:

APPLICANT NAME:

ADDRESS/CITY/STATE/ZIP:

PHONE/EMAIL:

PROPERTY OWNER/ADDRESS:

TYPE OF BUSINESS PROPOSED:

NATURE OF WORK PERFORMED AT THE RESIDENCE:

I, THE UNDERSIGNED APPLICANT, DO HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE STANDARDS FOR THE HOME OCCUPATION USE PERMITS, AND DO HEREBY AGREE TO ABIDE BY ALL CONDITIONS OF APPROVAL PLACED UPON THIS APPLICATION, AND THAT FAILURE TO ABIDE BY ALL CONDITIONS OF APPROVAL WILL RESULT IN THE REVOCATION OF THIS HOME OCCUPATION USE PERMIT AND ANY BUSINESS LICENSE ISSUED THEREAFTER.

*SUBMIT COMPLETE ORIGINAL APPLICATION TO: CITY OF PATTERSON, COMMUNITY DEVELOPMENT DEPARTMENT (PLANNING DIVISION) 1 PLAZA, 2ND FLOOR, PATTERSON, CA 95363

APPLICANT SIGNATURE: _____ **DATE:** _____

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

RECEIPT # _____ **HOUOP PERMIT #** _____ **CITY BUSINESS LICENSE #** _____

DATE APP RECEIVED: _____ **DATE OF APPROVAL:** _____

ASSESSOR PARCEL # (APN): _____ - _____ - _____ **PUBLISH PO #:** _____



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Home Occupation Use Permit - Statement of Operations

Along with the Enclosed Applications, please include a detailed Statement of Operations. This is a handwritten or typed statement describing the following:

1. What are the hours of business.
2. Number of Employees. (if any)
3. Where your supplies will be kept. (if any)
4. That you are aware that customers **are not** allowed at the home.
5. Please describe in detail what type of product(s) your business consists of and how you will conduct your business.

Thank You.
City of Patterson
Community Development Department
Planning Division

Disability Access - SB 1186

On September 19, 2012 Governor Brown signed into law SB 1186, Chapter 383, which adds a state fee of \$1 [on January 1st, 2018 Certified Access Specialist (CAsp) program fee increased to \$4], on any application for local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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 and how to comply with disability access laws at the following agencies:

The Division of the State Architect www.dgs.ca.gov/dsa/home.aspx
The Department of Rehabilitation www.rehab.cahwnet.gov
The California Commission of Disability Access www.cdda.ca.gov

Commercial Recycling – AB 1826 & AB 341

Public Works Department ▪ Office 209.895.8060 ▪ Fax 209.895.8069

Assembly Bill 341(AB-341) was passed to meet California’s recycling goal of 75% by the year 2020. AB-341 requires all commercial businesses and public entities that generate **4 cubic yards or more of waste per week** to have a **recycling program** in place. In addition, multi-family apartments with five or more units are also required to form a recycling program.

Assembly Bill 1826 is part of California’s recycling and greenhouse gas (GHG) emission goals. It establishes mandatory **organic recycling** requirements to be phased in over several years to meet the goals of California’s Global Warming Solutions Act, AB 32, of recycling 75% of waste by the year 2020. These organic materials account for nearly one-third of the approximately 30 million tons of waste destined for California’s landfills each year. Diverting organics from landfills for processing into compost and mulch reduces landfill GHG emissions and produces sustainable products that contribute to soil health, plant nutrition, water conservation and carbon sequestration. See chart below to determine if it is applicable to your business.

AB1826 Requirements	
For implementing an ORGANIC waste program	
Date	Threshold amounts for Businesses
April 1, 2016	8 cubic yards of organic waste per week
January 1, 2017	4 cubic yards of organic waste per week
January 1, 2019	4 cubic yards of commercial solid waste per week
** “Businesses” includes multi-family complexes with 5 units or more, however, multi-family premises are only required to recycle landscaping waste.	

Proof of Workers' Compensation Insurance – AB 2883

Legislation AB 2883, Chapter 205, provides that an applicant for insurance or renewal of a business license issued by a city or county must provide proof of valid current workers' compensation insurance or a current Certificate of Self-Insurance.

Failure to provide insurance will result in a stop order that prohibits the use of labor by the employer and acquires up to a maximum penalty total of \$100,000. Failure to observe stop order is a misdemeanor punishable by imprisonment in the county jail not exceeding 60 days or a fine not exceeding \$10,000, or both.

If you have any questions, please contact your insurance agent.

Departments & Agencies to Contact

CITY OF PATTERSON PLANNING DEPARTMENT The proposed business must conform to the zoning standards for the location chosen for the business.	1 Plaza Circle, 2 nd floor Patterson, CA 95363 (209) 895-8020
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CITY OF PATTERSON BUILDING DEPARTMENT Local business, except those requiring Home Occupational Use Permits, must schedule inspections through the Building Department. These inspections are in <u>addition</u> to any inspections required for building occupancy.	1 Plaza Circle, 1 st floor Patterson, CA 95363 (209) 895-8030
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CITY OF PATTERSON PUBLIC WORKS DEPARTMENT Contact this department for any questions involving public works and environmental compliance requirements.	1 Plaza Circle, 2nd floor Patterson, CA 95363 (209) 895-8060
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STANISLAUS COUNTY CLERK-RECORDER'S OFFICE Contact this agency to register a Fictitious Business Name, if necessary, for business.	1021 I Street Modesto, CA 95354 (209) 525-6700
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STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES Contact this agency for approval for all food-related businesses, as well as for any businesses that generate hazardous waste.	3800 Cornucopia Way Modesto, CA 95358 (209) 525-6700
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CALIFORNIA STATE BOARD OF EQUALIZATION Contact this agency to obtain a Resell Number (Seller's Permit). Contact by phone to receive the application by mail or receive the application online on their website.	(800) 400-7115 www.boe.ca.gov
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INTERNAL REVENUE SERVICE Contact this agency to obtain a Federal Tax Identification Number (Employer's Identification Number), if necessary.	www.irs.gov
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City of Patterson Business License Fees GUIDE

SCHEDULE 1 Relators, Miscellaneous Business Retailing, Printing, Publishing		
Gross Receipts		License Tax
0	4,999	21
5,000	14,999	26
15,000	29,999	29
30,000	44,999	45
45,000	99,999	68
100,000	149,999	114
150,000	249,999	143
OVER	250,000	171

SCHEDULE 2 Arts & Crafts, Professional & Personal Services		
Gross Receipts		License Tax
0	4,999	13
5,000	9,999	29
10,000	19,999	43
20,000	29,999	57
30,000	39,999	74
40,000	49,999	92
OVER	50,000	114

SCHEDULE 4 Contractors and Sub-Contractors		
Gross Receipts		License Tax
0	24,999	43
25,000	49,999	71
50,000	99,999	100
100,000	149,999	129
150,000	199,999	156
200,000	249,999	186
250,000	299,999	214
300,000	349,999	243
350,000	399,999	271
400,000	449,999	314
450,000	499,999	371
500,000	549,999	428
550,000	599,999	486
600,000	699,999	542
700,000	799,999	570
800,000	999,999	600
OVER	1,000,000	657

SCHEDULE 5 Manufacturing		
Gross Receipts		License Tax
0	99,999	71
100,000	199,999	100
200,000	299,999	129
300,000	399,999	156
400,000	499,999	199
500,000	599,999	257
600,000	799,999	286
800,000	899,999	344
900,000	999,999	371
OVER	1,000,000	399

SCHEDULE 3 Wholesaling, Jobbing, Warehouse, Livestock and Poultry Feed		
Gross Receipts		License Tax
0	99,999	71
100,000	199,999	100
200,000	299,999	129
300,000	399,999	156
400,000	499,999	201
500,000	599,999	257
600,000	799,999	286
800,000	999,999	314
OVER	1,000,000	399



BUSINESS LICENSE APPLICATION

(select all that apply) New Application Address Change Owner Change Name Change

Proposed Business Start Date _____ Ownership Type Sole Proprietorship Partnership Corporation

Business Name _____

Parent Company _____

Owner/Contact Person _____

Contact Phone # _____

Nature of Business _____

Business Phone # _____

Website _____

State Contractor's License # (if applicable) _____

Tax I.D. # _____

CA Sellers Permit # _____

Number of Employees _____

Business Address _____

(If different from business address.)

Mailing Address _____

City **Patterson** State **CA** Zip Code **95363**

City _____ State _____ Zip Code _____

Job Site Address (If applicable) _____

Is this a home based business? Yes No

Will you sell or serve alcohol? Yes No

Will you sell food or drinks? Yes No If yes, you are required to get approval from the Health Department

Do you have pool tables in your place of business? Yes No If yes, how many? _____

The average **annual** gross receipts from business conducted **within the City of Patterson** are expected to be: (please select the appropriate Schedule from the attached table and circle below.)

SCHEDULE: 1 2 3 4 5 Annual Gross \$ _____

**UNDER PENALTY OF PERJURY,
I DECLARE THE FOREGOING TO BE TRUE AND
CORRECT.**

First Time Application Fee	\$ 25
Business License Fee	
SB 1186_ State Mandated Access Fund Fee	\$ 4
TOTAL DUE	

Signature _____

Date _____

CITY USE ONLY

Customer # _____

DEPARTMENT	DATE	EVALUATION RESTRICTIONS
Planning		
Building		
Fire		
Public Works		
Utility Sign-Up		
Health		<input type="checkbox"/> Approved



BUSINESS LICENSE APPLICATION

WORKERS' COMPENSATION & SUPPLEMENTAL INFORMATION

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, **one** of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance, as required by Sections 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California. I further agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name _____ Address _____

Signature _____ City _____ State _____ ZIP _____

Date _____

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in section 3706 of the labor code, interest, and attorney's fees.

SUPPLEMENTAL INFORMATION

Please complete the following

Will the occupancy or "use" of the building be changing? (will your business be significantly different than the previous business in this location, if any?) Examples: A restaurant opening in a former clothing store location; a pet store in a former insurance office.

YES If yes, please explain

NO

Will you be upgrading/remodeling the building (building walls, putting in restrooms, etc.)?

YES If yes, please explain

NO

Will your establishment be serving or preparing food?

YES If yes, please describe what types of food (prepared from scratch, prepackaged, ... et cetera)

NO



Public Works Department

1 Plaza Circle | Patterson, California | Office 209.895.8040 | Fax 209.895.8069

AB 341 & AB 1826 COMPLIANCE FORM - 2018

Please submit questionnaire within **15 days** to the Public Works Department

Business/Entity Name _____ Owner/Contact Name _____

Phone Number _____ Fax Number _____ E-Mail _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

1a. Does your business produce four (4) cubic yards of waste per week? YES NO

1b. Do you produce more than half (1/2) cubic yards of organic waste? YES NO

2. Is your facility a multi-family dwelling of five or more (5+) units? YES NO

If you answered "YES" to question 1a and 1b AND/OR question 2, please fill out the remainder of this form and return to the City of Patterson or e-mail to xguluarte@ci.patterson.ca.us
If you answered "NO" to BOTH questions stop here and proceed to number 12

AB-341 Recycling

3. Which materials do you recycle?

Clothing/Textiles CRV Containers Plastic Glass None
 Cardboard & Paper Metal (non CRV) Styrofoam Lumber Other _____

4. Recycled materials are:

Co-Mingled Source Separated

5. Recycled materials are transported by:

Self-Haul Non-Profit Service Provider

AB-1826 Organic Recycling & Composting

6. Which organic materials do you currently recycle?

Food-Soiled Paper Pruning Waste Food Waste Edible Food Waste
 Landscape Waste Green Waste None Other _____

7. The recycled organic materials are:

Co-Mingled Source Separated

8. How often do you recycle organics?

Daily Weekly
 Monthly Yearly

9. The organics are transported/recycled through:

Self-Haul Service Provider
 Non-Profit Other _____

10. Which organics do you currently separate for composting?

Food-Soiled Paper Green Waste
 Landscape Waste None
 Food Waste Other _____
 Pruning Waste

11. The organics are composted through:

Self-Haul Service Provider
 Non-Profit Other _____

Please note: Donating edible food waste to food banks and shelters is a preferred method of recycling/diverting edible food waste.

12. I, _____, certify that I am a duly authorized representative of the above named entity

Please print first and last name

for purposes of regulatory compliance reporting and that the foregoing is true and correct to the best of my knowledge.

Signature _____

Date _____