



CITY OF SUISUN CITY HOME OCCUPATION PERMIT APPLICATION

APPLICANT'S NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ PHONE: () _____
Street, City, State, Zip Code

APN: _____

TYPE OF BUSINESS: _____

HOURS OF OPERATION: _____

NUMBER OF CLIENTS PER DAY: _____

PROPERTY OWNER: _____

ADDRESS: _____ PHONE: () _____
Street, City, State, Zip Code

I, the undersigned, under penalty of perjury, depose and say that I am the applicant for this request, that the owner of the property approves this application and that all statements are true and correct. Further I affirm that this Home Occupation complies with and will not conflict or be adversarial to the requirements and criteria as established in Suisun City Code Section 18.50.010 through 18.50.060.

Date (Applicant) Print Name Signature of Applicant

Date (Property Owner) Print Name Signature of Property Owner

FOR DEPARTMENT USE ONLY

ZONING: _____
PERMIT NUMBER: _____
STATUS: _____

- APPROVED
- DISAPPROVED
- REFER TO PLANNING COMMISSION

John Kearns
SENIOR PLANNER