



## 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

\_\_\_\_\_  
Tim McNamara  
DEVELOPMENT SERVICES DIRECTOR