

HOME OCCUPATION QUESTIONNAIRE

For interpretation procedure, complete this questionnaire (attach additional sheets and pictures if necessary) and return it to the Planning Office at 70 W. Hedding St, San Jose, CA 95110. Please include the current filing fee.

APPLICANT'S NAME PHONE NUMBER (Day)

SITE ADDRESS CITY STATE ZIP

MAILING ADDRESS (If different from above)

1. Describe the home occupation. What type of service or product will be provided?

2. Will you be selling anything at (or from) your home? _____ (yes / no)
Will you be manufacturing anything at your home? _____ (yes / no)
If yes, please explain: _____

3. Will any non-residents have a working role in the home occupation? _____ (yes / no)
If yes, please explain: _____

4. Will the home occupation be conducted entirely within the home? _____ (yes / no).
Will a detached accessory building be used in any capacity? _____ (yes / no).
If yes (accessory building), please explain: _____

5. Which rooms and approximately how much floor area (square feet) will be involved?

6. Describe in detail any stock items, equipment or supplies to be stored/ kept on site: _____

7. What types (if any) of hazardous materials such as gasoline or solvents will be involved in conducting the home occupation? _____

8. Will there be customers, clients or other persons coming to the home as part of the home occupation? _____ (yes / no). If yes, please indicate how many per day/week, and how many per visit. _____
9. Will there be any vehicles associated with the home occupation? _____ (yes / no). If yes, please indicate what type(s) of vehicle(s) and the typical number of trips to and from the site each business day. If trucks or vans are involved, indicate the carrying capacity (maximum cargo weight) of these vehicles. _____
10. Describe the types and frequency of any anticipated delivery vehicles (e.g. freight, UPS, FedEx) associated with the use? _____

11. Will there be any on-site signs? _____ (yes / no).
If yes, describe the size (dimensions) and content: _____
12. What other methods of advertising or promotion of the business (if any) will be utilized?

13. Will a neighbor or passer-by be able to detect any physical evidence or activities indicating that a business/ commercial activity is occurring on the property? _____ (yes / no).
If yes, please explain: _____
14. Will the home occupation create any noise, dust, odor, fumes, radio or television interference, or vibration that is noticeable from beyond the property boundaries? _____
If yes, please explain: _____
15. Was this request initiated because of a complaint filed with the Zoning Investigator? _____
If yes, please explain: _____

SIGNATURE

DATE