



APPLICATION
**HOME OCCUPATION MINOR
 CONDITIONAL USE PERMIT**
 Please Type or Print

File No:	Quadrant
Related Files:	
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DEPARTMENT USE ONLY	

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G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	EXISTING ZONING
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE () -	FAX () -
	APPLICANT ADDRESS	CITY STATE ZIP	EMAIL
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	FAX () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -	FAX () -
	PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMAIL
P R O J E C T I N F O	HOME OCCUPATION INFORMATION AND DATA – Describe in detail your proposed type of business including type of equipment to be used, type of products to be sold from the residence, if any, and if an accessory structure will be utilized.		
	Days of the week business will operate:	Hours of operation:	
	Will employees, customer, or clients be visiting the home?	How many and how often will they be visiting? (Please note, no more than 2 non-resident employees or independent contractors are allowed)	
	Does business involve use of chemicals/hazardous materials?	If yes, please describe type and volume of materials:	
	How are products/materials delivered to residence?	How frequently?	
	SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A SENIOR PLANNER OR SUPERVISING ENGINEER		
10 Copies of Site Plan showing all dimensions and identifying all required parking for customers, clients, and/or employees (if any) and the location of any accessory structures if they are to be used in the business. The site plan should also show the location of adjacent properties and structures.			
10 Copies of Neighborhood Context Map	Vicinity Map with north arrow		
Indemnification Form (Back of this sheet)	Disclosure Form		
PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.			
PROPERTY OWNER'S SIGNATURE: _____			
RECEIVED BY: _____ DATE: _____			



INDEMNIFICATION AGREEMENT

File No: _____

Project Name and Address: _____

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the City of Santa Rosa, its agents, officers, councilmembers, employees, boards, commissions and Council from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, councilmembers, employees, boards, commissions and Council. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The city of Santa Rosa shall have the right to appear and defend its interests in any action through its City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or the City's outside counsel if the City chooses to appear and defend itself in the litigation.

I have read and agree to all of the above.

Applicant (please print name)

Applicant (please print name)

ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS UNACCEPTABLE

Acknowledgment that Copyrighted Reports Unacceptable

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

Applicant (please print name)

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