



CITY OF MONTEREY PARK HOME OCCUPATION ZONING APPROVAL

Name of Business: _____

Applicant's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Describe the nature of the Business: _____

Do you own the above property where the home occupation will be conducted?

Yes. Show original grant deed or recent tax bill when you submit this application. Sign Part A only.

No. Sign Part A and have the property owner sign Part B prior to submitting application.

Part A: Declaration

I have received a copy of the regulations pertaining to home occupations. Further, I have read and understand these regulations and agree to be bound by them as a condition of receiving Zoning Clearance to obtain a Business License.

Applicant's Signature: _____ Date: _____

Part B: Property Owner Authorization

Property Owner's/Manager's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

I consent to the issuance of a Home Occupation Business License by the City of Monterey Park for the address

_____ which is real property that I own/ property I have a contract with the owner to manage.

Property Owner's Signature: _____ Date: _____

Do Not Write Below This Line

Zoning Approval

Signature of Planner: _____ Date: _____

Fee: \$ _____ To account # 10-616

HO- _____ - _____

Your home office/work area inspection is scheduled for: _____ at _____ am.