



**BASIC APPLICATION FOR:  
ADMINISTRATIVE USE PERMIT  
RESIDENTIAL**

111 Civic Drive, Hercules, CA 94547  
T 510/799-8244 F 510/799-8249  
[www.hercules.ca.us](http://www.hercules.ca.us)

(Office Use Only) Permit No: \_\_\_\_\_

An Administrative Use **Permit and Business License is required for all Home Occupations.** Supplemental information, statements and/or forms may be required for your specific business as determined by staff and/or supporting agencies.

**FAQ:** *Why do I need to go through this process if I'm only doing paper work and phone calls at my home?*

**ANSWER:** *If you do not have a storefront address other than your residence you are required to proceed with this process, as this is what is required for the City of Hercules.*

**FAQ:** *How long does the "permit" process take?*

**ANSWER:** *The permit (and license) process could take up to 30 days.*

*You cannot be approved for and receive a business license without proceeding thru this process first.*

**1. SUBMITTAL REQUIREMENTS**

**PLEASE READ EACH SECTION CAREFULLY!**

**WHAT TO SUBMIT:**  
*Administrative Use Permit (AUP) application for RESIDENTIAL Occupations*

Please complete this application thoroughly and completely and then submit all information required (see below) or this application will be deemed incomplete and interrupt your processing.

A one time fee of **\$268.00** which covers:

Fee

- 1) Public notification of all property owners within 300 feet of the proposed property to be used for the business
- 2) Residential/environmental review and determination
- 3) A recommendation to the Community Development Director

*Fee is **payable by check** made out to the "City of Hercules" or **credit/debit card.** (VISA & MASTERCARD only)*

Building Floor Plans req'd. no exceptions

Please submit one (1) "8 1/2 x 11": **FLOOR PLAN** (may draw by hand) submitted for review shall include the following details: Show which floor the office is located on (if a 2 story home), indicate all rooms on floor, show which room is the designated office and/or \*storage.

\*storage space cannot be more than 20% of the gross floor area or a free standing shed.

HOA Letter

**Does this property adhere to:** Codes, Covenants and Restrictions (C,C & R's) **or governed by a Home Owners Association (HOA)?**

Yes  No

*(If yes, a Letter of Approval is required BEFORE submittal)*

Zoning Classification

**2. ZONING ORDINANCE REGULATIONS, (SECTION 35.270)**

***!PLEASE READ CAREFULLY!***

**HOME OCCUPATIONS ARE SUBJECT  
TO THE FOLLOWING CONDITIONS**

Home occupations standards are intended to establish regulations for all occupations to be conducted within a dwelling unit. All home occupations shall require an administrative use permit to be issued by the Community Development Director. The following specific rules and regulations shall apply in combination with zoning district regulations.

1. The home occupation shall be compatible with and secondary to the use of the premises as a residential dwelling unit. The area devoted to a home occupation shall occupy no more than one room or the equivalent of 20 percent of the gross floor area of the dwelling unit, whichever is greater;
2. Home occupations conducted within a garage shall not eliminate or change the use of required off-street parking spaces;
3. Employment shall be restricted to the dwelling unit residents except where the Planning Director allows one non-resident employee, provided the following findings can be made:
  - A. The employee works under the direction of the dwelling resident and is not an independent or separate business enterprise;
  - B. The employee is necessary to the performance of the home occupation;
  - C. The employee would not require the use of the required parking for the residence or create on-street parking problems in the neighborhood;
  - D. The average residential neighbor would not be aware of the existence of the home occupation, under normal circumstances;
4. No exterior operation of any home occupation is permitted;
5. The home occupation shall not generate pedestrian or vehicular traffic beyond that which is normal to the surrounding area, and shall not involve the use of vehicles with 6 or more wheels for service, pickup or delivery.
6. Articles offered for sale in a home occupation shall be limited to those produced on the premises, except where the person conducting the home occupation serves as an agent or intermediary between off-site suppliers and off-site customers, in which case all articles, except for samples, shall be received, stored and sold directly to customers, at off-premise locations;
7. No outside display or window shall display material or products; no outside sign or window sign shall advertise or otherwise identify the home occupation except for one non-moving and non-illuminated sign attached to the residence with a display surface of not more than one square foot on any face. No commercial or passenger vehicle carrying any sign advertising or identifying the home occupation shall be regularly parked on any portion of the lot where such sign is visible or at or near any lot line of the lot containing the home occupation;

8. No home occupation shall be permitted which involves:
  - A. The assembly of employees, workers, subcontractors or equipment for offsite work.
  - B. The storage of equipment, vehicles, or supplies outside of the dwelling or any accessory structure.
  - C. The care, treatment, or boarding of animals for profit.
  - D. The operation of any service or sales of goods that noticeably increases vehicle traffic in the neighborhood.
  - E. The teaching of organized classes totaling four or more persons at any one time.
  - F. The repair, service, or rehabilitation of more than one vehicle at a time including storage and parking on the lot or street as consistent with requirements on vehicle repair as Section 4-10.03 (t) & (v) of the Municipal Code.
  - G. The storage of toxic or hazardous materials.
9. No home occupation shall create noise, odor, electrical disturbances, dust, vibrations, fumes, or smoke readily discernible at the exterior boundaries of the parcel on which it is situated.
10. No raw materials, intermediate or finished materials, by-products, appliances or tools of the home occupation shall be stored outdoors.
11. The home occupation shall dispose of all waste materials or by-products on a regular, timely basis in conformance with applicable garbage collection, fire protection and public health regulations.
12. The home occupation shall not use more than one motor vehicle which shall not exceed  $\frac{3}{4}$  ton in size, shall be owned and operated by the resident of the dwelling, and shall be parked in an adequate off street parking area.

**Applicant *and/OR* Property Owner Acknowledgement**

By signing below each party does hereby certify that failure to comply with the above CONDITIONS for Home Occupations, approved exceptions or any other conditions of approval may be revocation of this application, and business license. *(If you are both, the applicant and the property owner, sign one line)*

<b>Applicant</b> Signature	Phone number	Date
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*and/or*

<b>Property Owner</b> Signature	Phone number	Date
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**PLEASE PRINT**

**3. GENERAL DATA REQUIRED**

PROPERTY ADDRESS: \_\_\_\_\_  
*(p.o. boxes are not acceptable this includes mail box stores)*

NAME OF BUSINESS \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

RESIDENCE PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

**PLEASE PRINT**

*Please read section 2 before answering the following questions.*

**4. HOME OCCUPATION SPECIFICS**

Describe your business: \_\_\_\_\_

\_\_\_\_\_

Describe what will occur at the residence: \_\_\_\_\_

\_\_\_\_\_

Will clients or customers visit to your home to obtain a product or service?  Yes  No

If yes, how many at one time? \_\_\_\_\_

How will they arrive? \_\_\_\_\_

How long will each visit last? \_\_\_\_\_

Estimated hours of operation: each day \_\_\_\_\_ each week \_\_\_\_\_

**Other than US mail** describe any deliveries, to your address; of products, materials, or equipment for the business.

\_\_\_\_\_  
\_\_\_\_\_

Vehicle registered to the applicant Make: \_\_\_\_\_

Model: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

What area of your house/apartment/condo will be used for your business? (*be sure to include and indicate where on the floor plan*)

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- A. Size of the area to be used for your office? Square feet \_\_\_\_\_
  - B. Size of the area to be used for storage? Square feet \_\_\_\_\_
  - C. Total square footage of your house/apartment? Square feet \_\_\_\_\_

What materials will be stored at your home? (*such as merchandise or products other than office supplies*)

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Where will any such materials be stored? (*Indicate on floor plan*)

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Are any materials classified as hazardous?  Yes  No

If yes, please describe. \_\_\_\_\_

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List any license required by the State of California to conduct your business (*resale license, contractor's license, ABC license, etc. attach a copy*) \_\_\_\_\_

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How many people will operate your home business? \_\_\_\_\_

(\*\*NOTE\*\* Employees who are not residents of your address see condition no. 3)

Will your home business require any improvements to your residence?  Yes  No

(*i.e.* structural changes, electrical or plumbing)

**5. PROPERTY OWNER OR MANAGER TO COMPLETE THIS SECTION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_

and/or

SIGNATURE OF PROPERTY MANAGER: \_\_\_\_\_

**6. APPLICANT CERTIFICATIONS**

I understand that **submission of this application does not constitute approval** for any administrative review, conditional use, variance, map approval or exception for any other City regulations, which are not specifically the subject of this application. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of planning permits as determined by the Community Development Director. I further certify that I am the owner of the property involved in this application, or the tenant fully authorized by the owner or property manager to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. The City has attempted to request everything necessary for an accurate and complete review of your proposal; however, after the City has taken in your application and reviewed it further, it may be necessary to request additional information and clarification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**7. OFFICE USE ONLY**

<b>Application Taken in by:</b>	<b>Project Discussed with:</b>	<b>Related Files:</b>	<b>Date applctn. rec'd.</b>
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<b>HOA letter rec'd.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain below</i> _____ <b>Zoning:</b> _____	<b>Application Number:</b>	<b>Notice mailed on:</b>
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<b>300 Foot Public Notification:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Public Hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Subject to Appeal Process:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Appeal to Planning Commission <input type="checkbox"/> Appeal to City Council	<b>Review Body:</b> <input type="checkbox"/> Staff _____ <p style="text-align: center;">Signature</p> <input type="checkbox"/> Director of Planning and Building Services _____ <p style="text-align: center;">Signature</p> Additional Conditions: _____ _____
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<input type="checkbox"/> _____ <b>Signature</b>	<b>BLDG. DEPT.</b> <input type="checkbox"/> Comments or Conditions
<input type="checkbox"/> _____ <b>Signature</b>	<b>FIRE and/or POLICE DEPTS.</b> <input type="checkbox"/> Comments or Conditions

**THIS SHEET FOR YOUR FLOOR PLAN**  
(you may draw by hand)