CONDITIONS REQUIRED
TO CONDUCT A HOME OCCUPATION

1. The home occupation shall be clearly incidental and secondary to the use of the structure for dwelling purposes and shall not alter the residential character of the premises.

2. All operations shall be carried on within the dwelling, with not more than twenty (20) percent of the ground floor area of the dwelling to be used, including any area used for storage.

3. No motors other than electrically driven motors shall be used in connection with the home occupation, and that the total horsepower of such motors shall not exceed two horsepower, or one-half horsepower for any single motor.

4. No signs, advertising devices, merchandise or articles shall be displayed for advertising purposes.

5. The home occupation shall not generate an increase in vehicular or pedestrian traffic to the residence other than what would normally be associated with a residence.

6. No customers may come to the home occupation residence. All in-person contact must take place at an off-site location such as the customer’s residence or place of business. The only exception will be a student arriving to a home occupation residence for the sole purpose of one-on-one music or arts instruction or academic tutoring. Music and arts instruction will be allowed only between the hours of nine a.m. to eight p.m. daily. Academic tutoring will be allowed only between the hours of nine a.m. to ten p.m. daily.

7. No home occupation shall by reason of noise, odor, dust, vibration, fumes, electrical interference or other causes, disturb or have the potential to disturb the peace health, safety, or welfare of neighboring residents or property owners.

8. No home occupation in a rented or leased residential unit shall occur without the written authorization of the property owner or apartment manager.

9. There shall be no use of utilities for home occupations beyond what is normally associated with residential purposes.

REVOCA TION OF PERMIT: The Director of Planning may, at any time, revoke a home occupation permit for noncompliance or for any violation of the conditions set forth in granting such approval. A written notice of intention to revoke shall be mailed to the applicant not less than ten days before the revocation. The applicant may appeal the decision to revoke the home occupation permit to the Planning Commission pursuant to the procedures set forth in Section 17.72.060 of the Hawthorne Municipal Code.

I, the undersigned, acknowledge that I have read and understand the above stated conditions for a home occupation permit and certify that I agree to operate the home occupation business in compliance with these conditions.

_________________________________________  ______________________________
Signature of Applicant                        Date
CONTACT NAME: _______________________________________________

BUSINESS NAME: ________________________________________________

ADDRESS: __________________________________________ CONTACT NUMBER:___________

PLEASE ANSWER THE FOLLOWING (any questions left blank will automatically result in denial of your application):

What type of business will you be conducting? ________________________________________
_____________________________________________________________________________

In which area of your residence will the home occupation business be conducted____________ How many square feet is this area? __________

Will you have any employees? Yes _____ No______ If yes, please specify:
# residing in the residence________ # of 1099’s employees (inside/outside the home)________

What equipment and/or tools will be used? __________________________________________

Where in the home will the equipment and/or products be stored? ________________________

Will trucks, trailers, or other equipment be used in your business? Yes _____ No_______ if yes,
What is the vehicle type? __________________________________________________________

Does the vehicle exceed three-fourths ton capacity? Yes_______ No_______

Address of storage location when not in use___________________________________________

What are the approximate hours of operation?
Mon. to Fri. __________________________ Sat. and Sun. __________________________.

Will you have an alarm system in your home? Yes________ No_________

How many clients do you expect will visit your residence? (Music, Arts & Academic Tutoring Businesses only) Mon to Fri __________ Sat __________ Sun__________

Will this be a cottage food business? If Yes, do you have any (State/County) Certificates/Permits? ____________________________________________

*PLEASE NOTE ALL APPLICATIONS ARE SUBJECT TO APPROVAL*
Please give a detailed description of the type of business activities and a listing of the types of merchandise that will be sold and/or the type of services that will be offered. Please write legibly, being very specific in your description. You may attach additional pages if needed.

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________________________________________________________________________

Signature of Applicant __________________________ Date __________________________

FOR OFFICE USE ONLY:
Date: ___________ Account No. _______________
HOME OCCUPATION PERMIT APPLICATION
PROPERTY OWNER’S
AUTHORIZATION FORM

TO BE COMPLETED BY THE APPLICANT ONLY:

Name:____________________________________________________________________

Address:_________________________ Telephone__________________________

Exact Name of Proposed Business/Home Occupation________________________

__________________________________________

TO BE COMPLETED BY INDIVIDUAL PROPERTY OWNERS ONLY:

Property Owner (Please Print)____________________________________________

Property Management (Please Print)_______________________________________

Mailing Address____________________________________________________________________

Telephone______________________________________________

I/we, the owners of the aforementioned property hereby authorize our tenant(s) to
conduct their proposed home occupation. I/we understand that the operation of a
Home Occupation is governed by the requirements contained in Section 17.72 of
the Hawthorne Municipal Code and that the Home Occupation / Business Tax
Certificate can be revoked at any time if the applicant fails to meet the conditions
of approval.

__________________________________________
Signature(s) Date

__________________________________________
Property Manager/Management (print) Date

__________________________________________
Property Manager / Management Signature Date
(Must have authorization from property owner to sign on his/her behalf.)