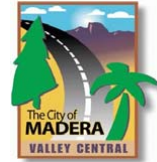


DEVELOPMENT APPLICATION



APPLICANT	
Name:	_____
Address:	_____
City/Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

PROPERTY OWNER	
<input type="checkbox"/> Same as Applicant	
Name:	_____
Address:	_____
City/Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

<input type="checkbox"/> Annexation	ANX	
<input type="checkbox"/> Conditional Use	CUP	
<input type="checkbox"/> General Plan Amend	GPA	
<input type="checkbox"/> Lot Line Adjustment	LLA	
<input type="checkbox"/> Precise Plan	PPL	
<input type="checkbox"/> Prelim Project Review	PPR	
<input type="checkbox"/> Rezoning	REZ	
<input type="checkbox"/> Site Plan Review	SPR	
<input type="checkbox"/> Specific Plan Review	SPL	
<input type="checkbox"/> Temp Use of Land	TUP	
<input type="checkbox"/> Tentative Parcel Map	TPM	
<input type="checkbox"/> Tentative Subdiv Map	TSM	
<input type="checkbox"/> Variance	VAR	
<input type="checkbox"/> Zoning Administrator	ZAP	
<input type="checkbox"/> Environmental Fee	ENV FEE	
<input checked="" type="checkbox"/> Other	HOP	\$166.00
TOTAL		\$ 166.00

APPLICATION FEES are NON-REFUNDABLE.

REPRESENTATIVE	
<input type="checkbox"/> Same as Applicant	
Contact:	_____
Address:	_____
City / Zip:	_____
Phone:	_____
Cell Phone:	_____
Fax:	_____
E-mail:	_____

SEND INFO TO:	
<input type="checkbox"/> Applicant	
<input type="checkbox"/> Property Owner	
<input type="checkbox"/> Representative	
<input type="checkbox"/> Other: _____	

PROJECT DESCRIPTION	
Address: _____	APN #: _____
Current General Plan: _____	Proposed General Plan: _____
Current Zone: _____	Proposed Zone: _____
Current Use: _____	Building Use Valuation: \$ _____
Proposed Use: _____	

DECLARATION OF OWNERSHIP / LEGAL AGENCY	
I, _____, am the owner of the property described in this application and hereby authorize,	
Print Name	
_____ , to act on my behalf on matters pertaining to this application.	
Applicant / Representative Name	
_____ Property Owner's Signature	_____ Date
Note: If more than one owner, a separate page must be attached listing the names and addresses of all persons (If a corporation, list officers and principals) having interest in the property ownership.	

SIGNATURE(S) – BOTH SIGNATURES ARE REQUIRED	
The information provided in this application is true and accurate to the best of my knowledge.	
_____ Applicant	_____ Date
_____ Property Owner (if different from applicant)	_____ Date



Planning Department

Home Occupation Procedure and Checklist

Preliminary Review: Each applicant for a home occupation shall review the list of criteria for home occupations and prohibited uses available from the Planning Department. Applicants may contact the Fire Department for the information regarding the use and storage of hazardous materials. If the criteria are satisfied, a formal application for a home occupation permit may be filed.

Application Submittal: Upon a determination that the home occupation is permitted, an application form shall be completed. This **must** contain the signature of the property owner, as well as the applicant's signature indicating they will comply with the established criteria and any conditions that may be required. The application must be accompanied by a fee as established by Resolution of the City Council.

Notification of Area Residents: Upon receipt of the application and fee, the Planning Department will notify residents within 150 feet of the subject property of the intended home occupation. The notice will identify the type of business proposed and the criteria that must be satisfied. The notice will also invite residents to respond within 10 days identifying any concerns.

Issuance of Permit: At the conclusion of the 10 day period, a home occupation permit may be issued if there have been no objections from area residents. The Finance Department will be advised of the issuance of all home occupation permits. In the event of an objection to the application, no permit will be issued and the application must be denied. Action taken regarding rejection or denial of an application may be appealed to the Zoning Administrator. Information on appeal procedures may be obtained from the Planning Department.

Home Occupation Criteria / Criterio para Ocupaciones en Casa

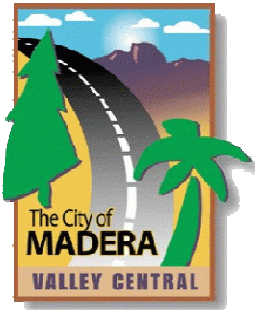
- The home occupation shall be conducted within a house or garage by an inhabitant thereof and shall be clearly incidental to the use of the structure as a house or garage.
- The home occupation shall be confined to one room of the house or garage.
- There shall be no use of material or mechanical equipment not recognized as being part of a normal household or hobby.
- In no way shall the appearance of the house or garage be so altered or the conduct of the occupation within the house or garage be such that the structure may reasonably be recognized as serving the non-residential use.
- No signs shall be allowed.
- No one other than a resident of the dwelling shall be employed in the conduct of a home occupation.
- A home occupation shall not create any radio or television interference or noise audible beyond the boundaries of the site.
- A home occupation shall not involve the use of commercial vehicles for delivery of home occupation materials to or from the premises with the following exceptions:
 - Normal residential delivery services (e.g. UPS, etc.)
 - A vehicle, not to exceed one (1) ton capacity, owned by the operator of the home occupation
- There shall be no customers, clients, nor visitors coming to the residence for purposes of the business.
- There shall be no use of utilities or community facilities beyond that normal to the use of the property for residential purposes as defined in the district.
- There shall be no outdoor storage associated with the home occupation.
- The home occupation shall not affect nor reduce the parking spaces required by the Municipal Code.
- Home occupations shall not involve the use or storage of chemicals and/or other hazardous materials on-site beyond that normally associated with residential uses. Home occupations shall be subject to Fire Department approval or conditional approval.
- A business license shall be obtained pursuant to Madera Municipal Code, Title 6.
- The following uses are specifically prohibited as home occupations:
 - Auto and other vehicle repair
 - Beauty salons and Barber shops
 - Sale of furniture, appliances and other bulky merchandise which involves on-site storage

~ ~ ~ ~ ~

- El negocio en casa será conducida dentro de la casa o de el garage por un habitante de la casa y será daramente secundario al uso de la estructura como una casa o garage.
- El negocio en casa estara confinado a un solo sitio de la casa o del garage.
- No habrá uso de equipo, material o mecánica no reconocido como siendo parte de un hogar o de una afición normal.
- De ninguna manera se alterara el aspecto de la casa o de el garage o la conducta del negocio dentro de la casa o del garage sera tal que la estructura se pueda razonablemente reconocer como servir al uso no residencial.
- No se permitirá ningún letrero.
- Nadie, con la excepción de los residentes de la vivienda, será empleado en la conducta de una ocupacion en casa.
- El negocio en casa no creará ninguna interferencia del radio o de televisión o divulgará sonido más allá de los límites del sitio.
- Un negocio en casa no tendra el uso de vehículos comerciales para el envío o el recivo de materiales del negocio en casa con las siguientes excepciones:
 - servicios de envío residenciales normales (e.g. U.P.S., etc.)
 - un vehículo, que no exceda la capacidad de una (1) tonelada, siendo propiedad del operador de El negocio en casa.
- No habrá clientes ni visitantes a la residencia relativo al negocio.
- No habrá uso de utilidades o de recursos de la comunidad más allá de lo normal al uso de las propiedades residenciales según lo definido en el distrito.
- No habrá almacenaje al aire libre asociado con el negocio en casa.
- El negocio en casa no afectará ni reducirá los espacios de estacionamiento requeridos por el Código Municipal de Madera.
- El negocio en casa no implicarán el uso o el almacenaje de productos químicos y/o de otros materiales peligrosos en el sitio más allá de ése asociado normalmente a usos residenciales. Negocios en casa serán sujetos a la aprobación de el Departamento de Bomberos o a la aprobación de uso condicional.
- Una licencia de negocio será obtenida conforme al Código Municipal de Madera, Título 6.
- Los usos siguientes son expresamente prohibidos como negocios en casa:
 - Reparación de automóvil o otro vehículos;
 - Salones de belleza y barberías;
 - La venta de muebles, aplicaciones y otra mercancía abultada que implica el almacenaje en el sitio.

Applicant Signature / Firma del Apicante

Date / Fecha



PLANNING DEPARTMENT OPERATIONAL STATEMENT CHECKLIST

It is important that the operational statement provides for a complete understanding of your proposal. The statements that you submit **must address all** of the following **that apply** to your proposal.

Your operational statement **must be** typed or written in a **legible** manner in the spaces provided. Answer all statements that apply to your business. **Those that do not apply, enter "N/A"**. Use additional sheets if necessary.

Business Name _____

Business Address _____

APN: _____ **(For your APN, Please call the Madera County Assessor's Office at (559) 675-7710.)

1. Nature of the operation – What do you propose to do? **PLEASE DESCRIBE IN DETAIL**

2. What products will be produced by the operation? _____

3. What is the existing use of your property? _____

4. What are the surrounding land uses on the North, South, East and West? _____

5. List the hours of operation: _____ Number of Days per Week: _____

If Seasonal, list the months of operation: _____

6. Number of Customers or Visitors per day: _____ Maximum per Day: _____

During what hours will customers visit your property? _____

7. Number of current employees **(including self)**: _____ Future employees **(not counting current)**: _____

Will any live on site **(including self)**? YES [] NO []

8. Are any goods to be sold on site? YES [] NO []

If yes, are these goods grown or produced on site or at some other location? _____

Describe products being offered for sale: _____

9. Number and type of service or delivery vehicles: _____

10. What equipment is used? If appropriate, provide pictures or a brochure. _____

11. Will the operation or equipment used generate noise above existing levels in the area? YES [] NO []

If yes, explain _____

12. Describe the supplies or materials used and how they will be stored: _____

13. Will hazardous materials or waste be produced as part of this business? YES [] NO []

If yes, explain _____

14. Will the existing buildings be used or will a new building be constructed? _____

15. Explain which building(s) or what portion of the building(s) will be used in your operation: _____

16. Please include any other information that will provide a clear understanding of your business or operation:

Applicant's Signature

Date