

**Mono County
Community Development Department**

PO Box 347
Mammoth Lakes, CA 93546
760-924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

PO Box 8
Bridgeport, CA 93517
760-932-5420, fax 932-5431
www.monocounty.ca.gov

**EXPANDED HOME
OCCUPATION
APPLICATION**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPLICANT _____

ADDRESS _____ **CITY/STATE/ZIP** _____

TELEPHONE (_____) _____ **E-MAIL** _____

OWNER, if other than applicant _____

ADDRESS _____ **CITY/STATE/ZIP** _____

TELEPHONE (_____) _____ **E-MAIL** _____

PROPERTY DESCRIPTION:

Assessor's Parcel # _____ **Land Use Designation:** _____ **Approx. Size:** _____

PROPOSED NAME OF BUSINESS _____

BUSINESS LICENSE # (if applicable) _____

REQUIRED:

Please answer the following questions:

What are the days/hours/season of operation? _____

How is the property accessed? private road public road

Will the business be confined completely within the dwelling and ancillary structures, excepting two vehicles not to exceed one ton each? Yes No

Will the business involve no sales of merchandise other than that produced on the premises or merchandise directly related to the occupation? Yes No

Will the business be carried on by members of the family occupying the dwelling, with no other persons employed? Yes No

Revised March 2012

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), corporate officer(s) empowered to sign for the corporation, or owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Signature

Date