

City of Santa Fe

CERTIFICATE OF OCCUPANCY HOME OCCUPATION BUSINESS

NO CLIENTELE VISITATION OR EMPLOYEES

Applicant Name (Please print) _____

Phone Number _____ Date _____

Business Name _____

Business Address _____

Type of Business _____ Applicant Signature _____

Email Address _____

Is the Business New Change of Location Non-Profit

FOR OFFICE USE ONLY

1. RESIDENTIAL ZONING DISTRICT:

SINGLE FAMILY RESIDENTIAL

- R-1 through R-9 AC/RAC
 RM-1 through RM-10 BCD
 RC-5 or RC-8 Other _____

2. HOME OCCUPANCY USE:

1. Mail, Computer & Phone Use – No clientele visitation
 2. Other _____

3. PARKING REQUIREMENTS

- 1 – 2 Spaces required on site for business
 1 ADA space required

4. APPLICANT HAS COMPLIED WITH ALL REQUIREMENTS OF THE HOME OCCUPATION ORDINANCE.

- Yes No

FOR OFFICE USE ONLY

Remarks: _____

APPROVED DISAPPROVED CONDITIONAL APPROVAL

Zoning Inspector: _____ Date: _____

**CITY OF SANTA FE
INSPECTIONS AND ENFORCEMENT DIVISION
CERTIFICATE OF OCCUPANCY – HOME OCCUPATION APPLICATION**

1. Will the home occupation be of a nature likely to attract visitors in large numbers than would normally be expected in that residential district? _____
2. How much traffic do you anticipate per day? _____
3. Are you the (please check one) Owner Tenant of the dwelling unit?
4. How many people other than members of the family will be engaged in the home occupation? ____
5. What is the present gross floor area of the dwelling unit, including accessory buildings? _____
6. What is the percentage of gross floor area proposed for home occupation use? _____ %
7. Will there be any outside change in appearance of the building or premises, except as provided under Section 14-51 (Signs)? Yes No If yes, please explain _____

8. Will there be sign advertisement on the premises Yes No If yes, what are the dimensions of the sign? _____
9. Will there be any equipment or process, which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal sense off the lot, if the occupation is conducted in a single-family residence or outside the dwelling? Yes No If yes, please explain _____

10. In your own words please describe the nature of the home occupation _____

Please acknowledge by initialing the following:

Home occupation shall not exceed 25% of total gross floor area of dwelling, including accessory buildings

No storage of materials associated with the business shall be visible from adjacent properties or C.R.O.W.

No commercial vehicles related to business shall be parked on street or on property.

APPLICATION CERTIFICATION

I hereby certify that the information provided in this application is true to my knowledge and that any false information shall be grounds for appropriate legal action.

APPLICANT NAME

DATE