



Fee: _____
Date Received: _____

**CITY OF FOWLER
HOME OCCUPATION
APPLICATION NO. _____**

1. Name of Applicant: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Phone No: _____ Email: _____

4. Assessor's Parcel Number (APN) _____

5. Name of record owner (if different) _____

5. Address of owner (if different): _____

City: _____ State: _____ Zip Code: _____

6. The property is zoned: _____ (R-2, C, I, etc.)

7. Please provide a written description of the proposed business (see the attached standards for home occupations):

8. Certification. The undersigned hereby certifies that the information presented is correct and consents to physical inspection of the premises by City personnel as required:

Signature of Applicant(s) Date

Signature of Property Owner (if different) Date

NOTE: Within ten (10) days after the formal acceptance of a completed application, the Director shall approve or deny the application or require approval of a Conditional Use Permit in accordance with Section 9-5.21.232 of the zoning ordinance. A home occupation permit shall be revoked by the Director upon violation of any condition or regulation, or any limitation of any permit issued, unless such violation is corrected within ten (10) days of notice of such violation. Any permit may be revoked for repeated violations.