

**NAPA COUNTY
PLANNING, BUILDING AND ENVIRONMENTAL SERVICES**

HOME OCCUPATION PERMIT

APPLICATION PACKET

1. Application Completeness Checklist
2. Application Form
3. Statement of Request
4. Environmental Management CUPA – Related Business Activities Form
5. Plan Requirements
6. Sample Graphics
7. County Code Section

HOME OCCUPATION PERMIT

APPLICATION COMPLETENESS CHECKLIST

1. ___ Completed application **signed** by owner and applicant.
2. ___ Detailed narrative describing type of business, product or service provided, and any associated use or on-site activities.
3. ___ Completed Permit Application Supplemental Information Sheet.
4. ___ Environmental Management CUPA – Related Business Activities Form.
5. ___ To-Scale Site Plan (including one black-line 8½" by 11" reduction)
6. ___ To-Scale Floor Plan (including one black-line 8½" by 11" reduction) with office space marked on plans.
7. ___ Check for \$ _____ made out to County of Napa.
8. ___ Additional Information Required by Planning Division
 ___ _____
 ___ _____

HOME OCCUPATION PERMIT APPLICATION
SUPPLEMENTAL INFORMATION

I. USE

A. Description of Proposed Use (including where appropriate product or service provided, and any associated use or on-site activities): _____

B. Additional Licenses/Approval Required:

District: _____ Regional: _____

State: _____ Federal: _____

II. BUILDINGS

A. Floor Area of residence (excluding any attached garage or workshop) in square feet): _____

B. Floor area of portions of existing residence to be utilized as office: _____

III. TYPICAL OPERATION

Proposed

A. Days of Operation: _____

B. Expected Hours of Operation: _____

C. Anticipated Number of Business-Related Visitors

•busiest day: _____

•average/week: _____

D. Anticipated Number of Business-Related Deliveries/Pickups

•busiest day: _____

•average/week: _____

IV. HAZARDOUS/TOXIC MATERIALS

A. Disposal Method (e.g., on-site, landfill, Garbage Company, waste hauler, etc.): _____

B. Name of Disposal Agency: _____

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory - Chemical Description pages for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. **EPA ID NUMBER** - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters CA. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms Facility Name or DBA - Doing Business As that might have been used in the past.
103. **BUSINESS SITE ADDRESS** - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. **BUSINESS SITE CITY** - Enter the city or unincorporated area in which business site is located.
105. **ZIP CODE** - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. **CONTACT** - Enter a contact person's name.
107. **PHONE** - Enter a contact phone number
4. **HAZARDOUS MATERIALS** -
Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page and the Hazardous Materials Inventory - Chemical Description page, as well as an Emergency Response Plan and Training Plan.
Do not answer YES to this question if you exceed only a local threshold, but do not exceed the state threshold.
- 4a. **REGULATED SUBSTANCES** - Refer to 19 CCR 2770.5 for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If YES, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):
An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:
 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check YES and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check NO if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of treatment for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer YES if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - Testing of the tank
 - Inability to remove hazardous materials stored in the tank.
 - The mixture rule
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
- 14a. **RCRA LQG** - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.
- 14b. **HOUSEHOLD HAZARDOUS WASTE COLLECTION** - Check the appropriate box to indicate whether your facility is a HHW Collection site.
15. **LOCAL REQUIREMENTS** - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

UPCF Rev. (12/2007)

SITE PLAN REQUIREMENTS

One (1) copy of a site plan drawn to scale showing the following information:

- a) Property lines of the subject parcel;
- b) Location and names of all streets, rights-of-way, and driveways serving the parcel(s);
- c) Location and setbacks of existing and proposed property improvements (structures, waste disposal systems, wells, access roads and parking, etc.) from the property line(s) of the subject parcel;
- d) North arrow, graphic map scale, date plan prepared, and the applicant's name;

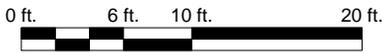
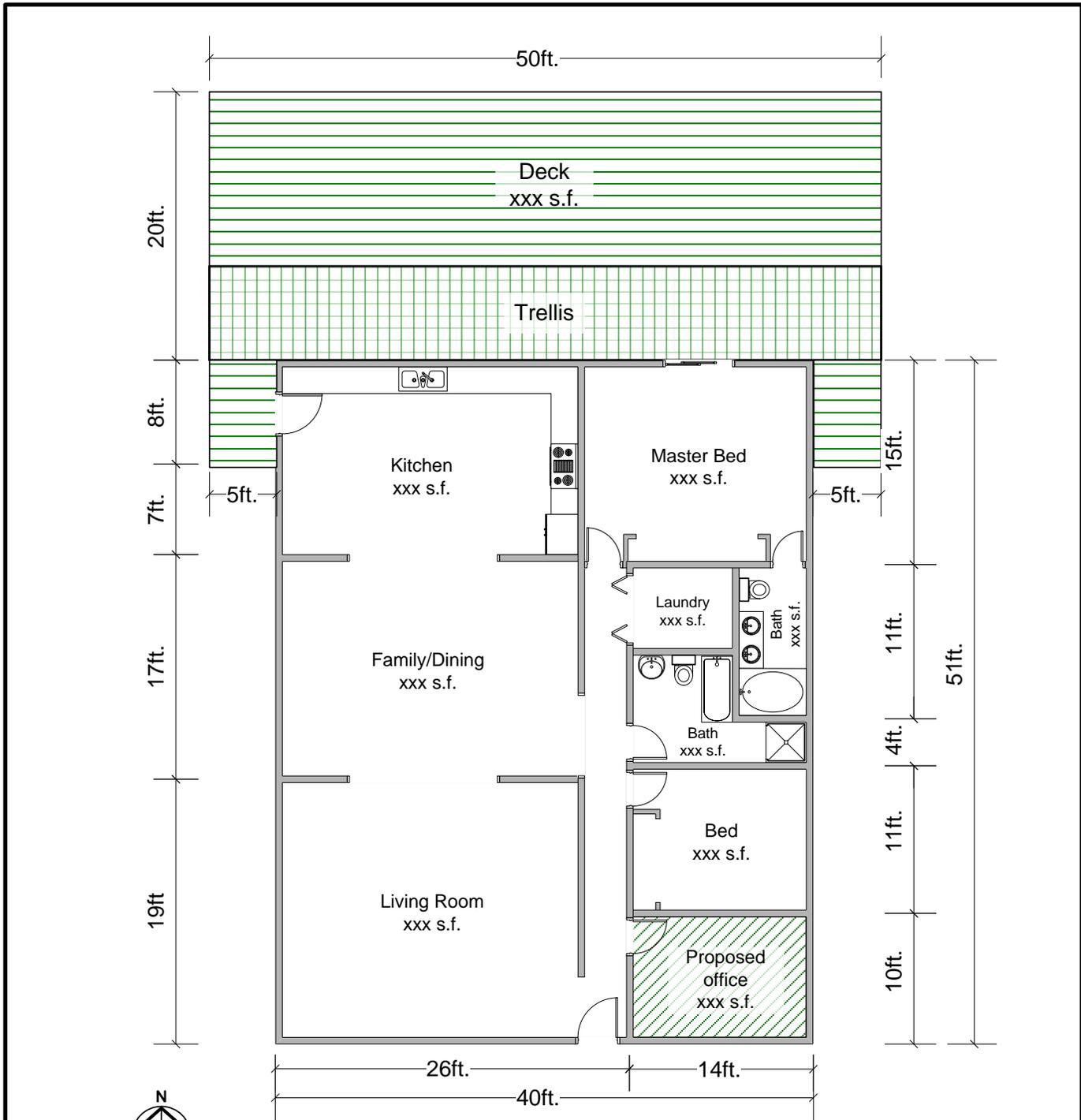
Plans on sheets larger than 8 ½" by 11" shall be accompanied by one (1) clear, clean, readable, black-line reduction on 8 ½" by 11" paper. A graphic scale of the reduced plan shall be indicated.

FLOOR PLAN REQUIREMENTS

One (1) copy of a floor plan of the entire dwelling in which a home occupation is proposed, drawn to a scale showing the following information:

- a) Name of property owner and assessor's parcel numbers;
- b) Dimensions, area and use of all rooms, including the area to be used as the home office;
- c) Graphic map scale, date of plan preparation, and applicant's name;

Plans on sheets larger than 8 ½" by 11" shall be accompanied by one (1) clear, clean, readable, black-line reduction on 8 ½" by 11" paper. A graphic scale of the reduced plan shall be indicated.

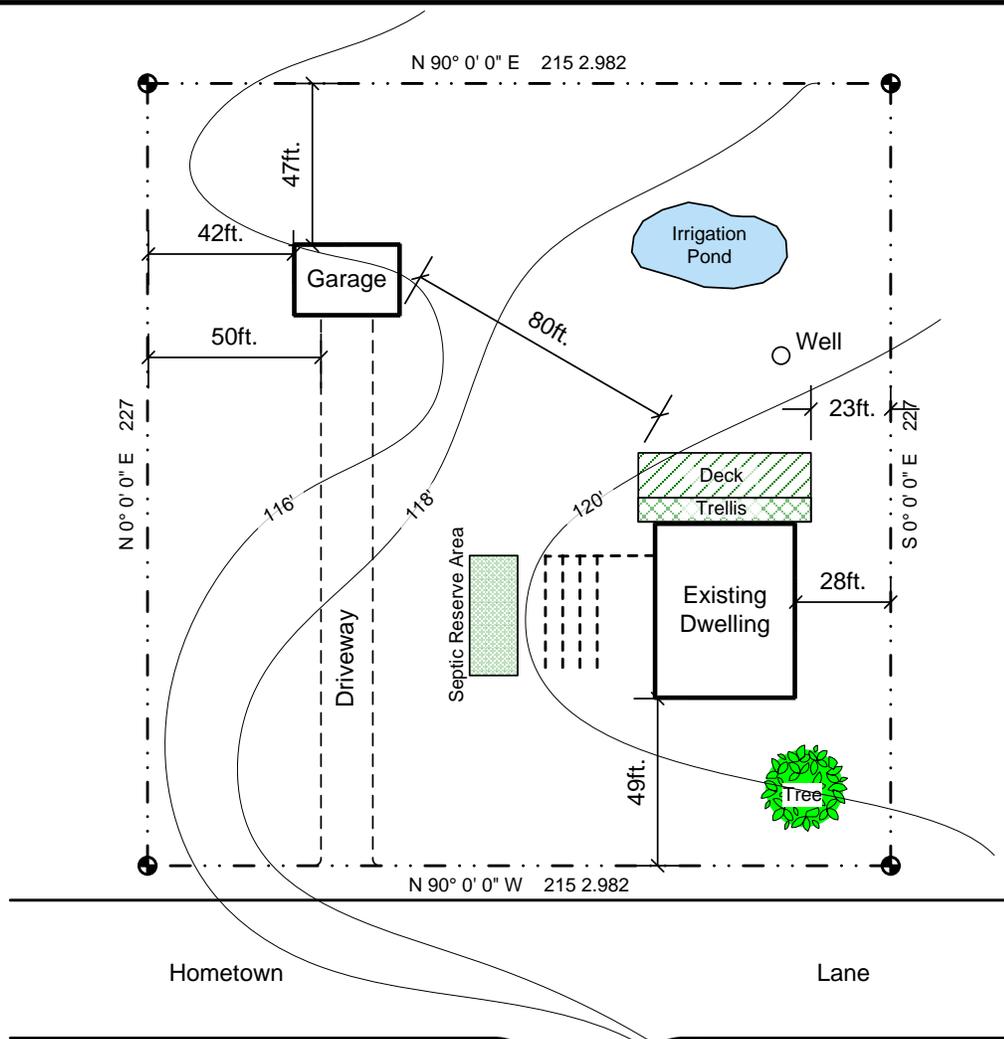


Floor Plan

APN:
Name:
Address:
Phone:



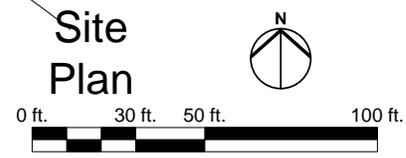
COUNTY of NAPA
 OFFICE OF PLANNING, BUILDING & ENVIRONMENTAL SERVICES
 Sample Floor Plan for Permit Submission



Each different plan shall fill a minimum 11" x 17" sheet of paper.
 Plans and notes shall be legible.
 Provide all of the information requested in the title blocks.
 Indicate the scale and show a North Arrow on each site plan.
 Did you remember to:

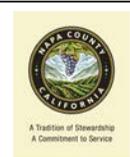
- Show access to property.
- Show all property lines and the distances of all structures to those property lines.
- Show all roads, streets, driveways, rivers, reservoirs, dams, creeks, streams, paths and the distance from centerline of roads, streets and highways.
- Show all buildings and/or structures on the property, existing and proposed and the distances between those buildings and/or structures.
- Show all easements.
- Show all water wells, fire hydrants, water storage tank(s), LP gas tank(s).
- Show all septic system(s) and required 100% expansion area (reserve area). *
- Show stock pile(s) of dirt, soil, rocks and/or earth.

Five copies of the site plan are required for all building permits.



* Reserve area is a County code requirement. You must identify an adequate reserved area on your site plan. This reserve area will be reviewed on a case by case basis. If you have a very small parcel or a parcel with unusual site constraints you may be required to prove reserve area before a clearance on your building permit may be issued.

APN:
Name:
Address:
Phone:



COUNTY of NAPA
 OFFICE OF PLANNING, BUILDING & ENVIRONMENTAL SERVICES
 Sample Site Plan for Permit Submission

18.104.090 - Home occupations.

The following rules and standards shall apply to each home occupation:

- A. No person other than those persons who are regular residents on the premises shall be engaged in such occupations.
- B. The use of the dwelling for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than twenty-five percent of the gross floor area of the dwelling unit shall be used in the conduct of the home occupation.
- C. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation.
- D. No home occupation shall be conducted in any accessory building.
- E. There shall be no sales in connection with such home occupation other than sales of merchandise produced on the premises or directly related to the services offered.
- F. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a required front yard.
- G. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors or electrical interference detectable off the lot to the normal senses. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in line voltage off the premises.
- H. The nature or type of occupation for which a home occupation permit may be granted shall be a material part of such permit.
- I. Storage, warehousing or manufacturing of wine for sale on the premises is allowed only if the annual wine production, manufacturing and storage on the premises or within an accessory structure that is located within five hundred feet of the residence on the premises is less than two hundred gallons. The property owner shall submit a copy of their U.S. Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau (TTB) form annually to the department and on-site sales shall not be allowed.
- J. (Reserved).
- K. No home occupation shall be allowed unless an administrative permit has first been issued for such use pursuant to [Chapter 18.126](#)

(Ord. 1275 § 3, 2006; Ord. 1206 § 26, 2002; Ord. 1101 § 7, 1996; Ord. 759 § 12, 1983; Ord. 511 § 1 (part), 1976; prior code § 12404)

APPEALS

Following action on the project, there is a 10 working day appeal period before the Administrative Permit becomes effective. During this period, the decision of the Department may be appealed to the Board of Supervisors by a County department, the applicant, or project opponents by filing a written appeal on a form provided by the Clerk of the Board of Supervisors, including payment of an appeal fee. Once a proper appeal has been filed, a public hearing on the appeal will be set within 90 days. At the conclusion of the public hearing, the Board will approve, deny, or modify the decision or action being appealed. Reconsideration of the Board's action can be sought if a request for reconsideration is filed within 30 days of the Board's decision.