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.


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

__ __ _____________________________________________________________

__ __ _____________________________________________________________
NAPA COUNTY
PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

HOME OCCUPATION PERMIT APPLICATION

FOR OFFICE USE ONLY

ZONING DISTRICT: ________________________________ Date Submitted:___________________
REQUEST: ____________________________________________ Date Complete:_______________
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TO BE COMPLETED BY APPLICANT
(Please type or print legibly)

PROJECT NAME: ____________________________________________________________________________________________
Assessor’s Parcel #: ________________________________
Site Address/Location: No. ____________________________ Street ______________________________ City __________________________ State ________________ Zip __________________
Property Owner’s Name: _____________________________________________________________________________________
No. ____________________________ Street ______________________________ City __________________________ State ________________ Zip __________________
Mailing Address: No. ____________________________ Street ______________________________ City __________________________ State ________________ Zip __________________
Telephone #: (___)_____-________ Fax #: (___)_____-________ E-Mail: __________________________
Applicant’s Name: __________________________________________________________________________________________
Mailing Address: No. ____________________________ Street ______________________________ City __________________________ State ________________ Zip __________________
Telephone #: (___)_____-________ Fax #: (___)_____-________ E-Mail: __________________________
Status of Applicant’s Interest in Property: __________________________________________________________________________
Representative Name: ________________________________________________________________________________________
Telephone # (___) _____________ Fax #: (___) _____________ E-Mail: __________________________

I certify that all the information contained in this application, including but not limited to the information sheet, water supply/waste disposal information sheet, site plan, floor plan, building elevations, water supply/waste disposal system site plan and toxic materials list, is complete and accurate to the best of my knowledge. I hereby authorize such investigations including access to County Assessor’s Records as are deemed necessary by the County Planning Division for preparation of reports related to this application, including the right of access to the property involved.

____________________________________________  _____________________________________________
Signature of Property Owner  Date    Signature of Applicant   Date
____________________________________________  _____________________________________________
Print Name        Print Name

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Application Fee $__________ Receipt No. ___________ Received by: __________________________ Date:______________
### 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

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: __________________________________________________________
## I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>FACILITY ID # (Agency Use Only)</th>
<th>EPA ID # (Hazardous Waste Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**BUSINESS NAME** (Same as Facility Name of DBA-Doing Business As)

**BUSINESS SITE ADDRESS**

**BUSINESS SITE CITY**

**CONTACT NAME**

**PHONE**

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## II. ACTIVITIES DECLARATION

**NOTE:** If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

### A. HAZARDOUS MATERIALS

- Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASIs and USIs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

- **YES**  [ ]  **NO**  [ ]

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

### B. REGULATED SUBSTANCES

- Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?

- **YES**  [ ]  **NO**  [ ]

**Coordinate with your local agency responsible for CalARP.**

### C. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?

- **YES**  [ ]  **NO**  [ ]

**UST FACILITY (Formerly SWRCB Form A)**

**UST TANK (per page per tank) (Formerly Form B)**

### D. ABOVE GROUND PETROLEUM STORAGE

- Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.

- **YES**  [ ]  **NO**  [ ]

**NO FORM REQUIRED TO CUPAs**

### E. HAZARDOUS WASTE

- Generate hazardous waste?

- **YES**  [ ]  **NO**  [ ]

- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?

- **YES**  [ ]  **NO**  [ ]

- Treat hazardous waste on-site?

- **YES**  [ ]  **NO**  [ ]

- Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

- **YES**  [ ]  **NO**  [ ]

- Consolidate hazardous waste generated at a remote site?

- **YES**  [ ]  **NO**  [ ]

- Need to report the closure/removal of a tank that was classified AS hazardous waste and cleaned on-site?

- **YES**  [ ]  **NO**  [ ]

- Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.

- **YES**  [ ]  **NO**  [ ]

- Household Hazardous Waste (HHW) Collection site?

- **YES**  [ ]  **NO**  [ ]

**EPA ID NUMBER** - provide at the top of this page

**RECYCLABLE MATERIALS REPORT** (per page per year)

**ON-SITE HAZARDOUS WASTE TREATMENT - FACILITY**

**ON-SITE HAZARDOUS WASTE TREATMENT - UNIT** (per page per unit)

**CERTIFICATION OF FINANCIAL ASSURANCE**

**REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION**

**HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

| Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A-B), and satisfy requirements for RCRA Large Quantity Generator. |

| See CUPA for required forms. |

**UPCF Rev. (12/2007)**

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### F. LOCAL REQUIREMENTS

*(You may also be required to provide additional information by your CUPA or local 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 Submission 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. 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) -61-86492, 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 gallons; 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 or 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.
- If you are handling a hazardous material onsite, 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.
- If you answer YES to the question if you exceed only a local threshold, but do not exceed the state threshold.

40. REGULATED SUBSTANCES - Refer to 10 CCR 2770.5 for regulated substances. Check this box to indicate whether your facility has CvAARP regulated substances stored onsite.

5. OWN OR OPERATE ABOVEGROUND 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) 25281. If YES, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a pilot plan and a monitoring program plan.

50. 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 or temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The AST must have a cumulative storage capacity greater than 1,200 gallons for all ASTs. NOT Subject to the Act (exemptions).

6. 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 42. 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 acid hazardous waste.

7. 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 exuded or exempt per HEC 21432. Check YES and complete the Recyclables Material Report pages, if you either recycled or sold any recyclable materials which were generated offsite. Check NO if you only sell 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 wastes. "Treatment" means any chemical, physical, or biological process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contaminated therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residuals from treating process equipment for the purposes of cleaning that equipment. Amendments effective 1/1/93 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 25200.31 for specific information. Please contact your CUPA to determine 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 facility. Unless they are exempt. Refer to title 10, California Code of Regulations (CCR) Part 108. Conditionally Authorized (CA) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per Title 22, CCR 87450.13 (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. Additional 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 SYSTEM ACRONYM - Check the appropriate box to indicate whether the tank being stored would be classified as hazardous waste after its contents are removed. Classification could be based on:
- Your knowledge of the tank and its contents.
- The mixture rule.
- The listed wastes in 40 CFR 261.33.
- The listed wastes in 40 CFR 261.33.

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. (1/2007)
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

P:\All_Common_Documents\Forms and Applications\Planning - Forms and Application\On Line Planning Applications\1On Line HOMEOCC.doc
Page 8
Updated 10/23/2013
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.
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.


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.