CITY OF SUISUN CITY
HOME OCCUPATION PERMIT APPLICATION

APPLICANT'S NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ PHONE: ( ) _____

City, State, Zip Code

APN: _____

TYPE OF BUSINESS: _____

HOURS OF OPERATION: _____

NUMBER OF CLIENTS PER DAY: _____

PROPERTY OWNER: _____

ADDRESS: _____ PHONE: ( ) _____

City, State, Zip Code

I, the undersigned, under penalty of perjury, depose and say that I am the applicant for this request, that the owner of the property approves this application and that all statements are true and correct. Further I affirm that this Home Occupation complies with and will not conflict or be adversarial to the requirements and criteria as established in Suisun City code Section 18.44.100 through 18.44.130

_____	_____	_____
Date	(Applicant) Print Name	Signature of Applicant
_____	_____	_____
Date	(PropertyOwner) Print Name	Signature of Property Owner

FOR DEPARTMENT USE ONLY

ZONING: _____

PERMIT NUMBER: _____

STATUS: _____

☐ APPROVED

☐ DISAPPROVED

☐ REFER TO PLANNING COMMISSION

_____

APRIL WOODEN,
COMMUNITY DEVELOPMENT DIRECTOR