



**CITY OF PALM DESERT**  
 73-510 Fred Waring Drive  
 Palm Desert, CA 92260  
 P: (760) 346-0611 F: (760) 776-6356  
 www.cityofpalmdesert.org

*Initial Fee: \$ 51.00 / Annual Renewal: \$26.00*

Permit #: \_\_\_\_\_

Business Lic. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## HOME BASED BUSINESS PERMIT

Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner \* If you are a renter, the owner of the residence or the manager must

also sign this request or provide evidence of property owner's consent.

Renter \*

Approximate Floor Area Devoted to Business: \_\_\_\_\_

Type of Business Conducted: \_\_\_\_\_

Professional Office

Instructional Services

Home Crafts

Cottage Food Operation (see below):

Other

- County Environmental Health Department Registration Number / Class: \_\_\_\_\_

Please provide the following information related to your home based business:

1. Describe in detail the business to be conducted for the subject premises: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What are the business days and hours of operation?

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

3. Describe any hazardous materials, waste products, or left over materials used to conduct the business:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Describe any mechanical and/or electrical equipment that will be used to conduct the business: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate where vehicles will be parked and the number of current on-site parking spaces available:

Garage: \_\_\_\_\_ Driveway: \_\_\_\_\_ Other (explain): \_\_\_\_\_

\_\_\_\_\_

## City of Palm Desert Home Occupation Standards

Home based businesses shall comply with Palm Desert Municipal Code (P.D.M.C.) Section 25.34.020 *Home Occupations* and with the standards below. Please review these standards and initial where your occupation complies:

- Do you, the operator of the home-based business, reside at the location which the home-based business is operated?
- The proposed business is accessory to the residential purpose of the home.
- The business is conducted only within the enclosed living area of the home, or within the garage.
- The home-based business does not occupy more than 25% of the combined floor area of the house and garage.
- The home-based business does not encroach into any required parking, setback, or open space.
- No signs, displays, outdoor storage, parked vehicles, or other exterior evidence of business activity is visible from surrounding properties.
- The home-based business does not create or cause noise, dust, vibration, odor, smoke, light, glare, or electrical interference, other hazards, or nuisances.
- The home-based business shall not involve the use of commercial vehicles exceeding a weight rating of 10,000 pounds or more.
- The home-based business shall not generate pedestrian or vehicular traffic in excess of that customarily associated with the neighborhood.
- No tool or instrument having a power rating greater than three (3) horsepower shall be used within the home-based business.

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**Affirmation: I have read and understand the requirements of the Home Based Business Permit and do hereby agree to comply with the conditions stated above and to limit activities to the business described to me above. I also understand that any violation of the regulations governing a Home Based Business Permit will be sufficient reason for revoking the Permit and Business License and continued after revocation may be a misdemeanor.**

Business Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For City Staff Use Only**

**Planning Department**

Approved

Denied

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planner's Signature and Title

\_\_\_\_\_  
Date

**Code Enforcement**

Approved

Denied

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Signature and Title

\_\_\_\_\_  
Date