# City of Santa Fe

**Zoning Inspectors Office**

# CERTIFICATE OF OCCUPANCY INSPECTION

## HOME OCCUPATION BUSINESS

Owner ☐ Tenant of Dwelling ☐ _____

Business Address _____

Business Phone _____

Applicant's Signature _____ Date: _____

**FOR OFFICE USE ONLY**

**1. RESIDENTIAL ZONING DISTRICT:**

SINGLE FAMILY RESIDENTIAL

- ☐ R-1 through R-9
- ☐ RM-1 through RM-10
- ☐ RC-5 or RC-8
- ☐ AC/RAC
- ☐ BCD
- ☐ Other _____

**2. HOME OCCUPANCY USE:**

SERVICE ESTABLISHMENT

- ☐ 1. Repair and Amusement Services
- ☐ 2. Health and Medical Offices
- ☐ 3. Engineering and Professional Offices
- ☐ 4. Educational
- ☐ 5. Miscellaneous Services _____
- ☐ 6. Mail & Phone Use – No customers on site

**3. PARKING REQUIREMENTS**

- ☐ 1 – 2 Spaces required on site for business
- ☐ 1 Handicapped space required

**4. ☐ OWNER SHALL COMPLY WITH CITY OF SANTA FE HOME OCCPUATION ORD. # 14-6.3(C)**

**5. OCCUPANY OF DWELLING & PROPERTY USE:**

- ☐ Shall not exceed 25% of total gross floor area of dwelling, including accessory buildings
- ☐ No storage of materials associated with the business shall be visible from adjacent properties or C.R.O.W.
- ☐ A.D.A requirements ☐Yes ☐No
- ☐ No commercial vehicles related to business shall be parked on street or on property

**6. PRIVATE DAYCARE NURSERIES, FACILITIES AND KINDERGARTENS:**

- ☐ 1 – 6 Children enrolled ☐ 7 – 15 Children enrolled
- ☐ Over 15 children enrolled (Requires B.O.A. approval)
- ☐ Off-street parking req: ☐1-2 spaces ☐3+spaces

**7. APPLICANT HAS COMPLIED WITH ALL REQUIREMENTS OF THE HOME OCCUPATION ORDINANCE:**

☐Yes ☐No

**FOR OFFICE USE ONLY**

Remarks: _____

☐ **APPROVED** ☐ **DISAPPROVED** ☐ **CONDITIONAL APPROVAL**

Zoning Inspector: _____ Date: _____

**COPY DISTRIBUTION: WHITE**, Zoning Division, **CANARY**, Tenant

OC001B.PM5 – 2/96

# City of Santa Fe, New Mexico

## CERTIFICATE OF APPROVED USE

Date _____

☐ VENDORS ☐ HOME OCCUPANCIES ☐ SPECIAL EVENTS

Phone _____

Owner/Occupant _____ Type of Business _____

Business Address _____ Suite # _____ DBA _____

Requested By (print) _____ Fire Inspection No. _____

**Zoning Division**

☐ Approved Date _____

☐ Denied

☐ Not Applicable By _____

Conditions of Approval _____

**Fire Prevention Bureau**

☐ Approved Date _____

☐ Denied

☐ Not Applicable By _____

Conditions of Approval _____

**Building Inspections Division**

☐ Approved Date _____

☐ Denied

☐ Not Applicable By _____

Conditions of Approval _____

**APPLICANT'S SIGNATURE**

_____

BI027 4/03

# City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909

David Coss, *Mayor*
Asenath Kepler, *City Manager*

Councilors:
Miguel M. Chavez, Mayor Pro Tem, Dist. 3
Patti J. Bushee, Dist. 1
Chris Calvert, Dist. 1
Karen Heldmeyer, Dist. 2
Rebecca Wurzburger, Dist. 2
Carmichael A. Dominguez, Dist. 3
Matthew E. Ortiz, Dist. 4
Ronald S. Trujillo, Dist. 4

**DEAR APPLICANT:**

This packet of information is designed to assist you with the **zoning review portion of the home occupation application**. A home occupation inspection is required prior to commencing any non-residential activity from the residence. Submittal of the following information will initiate the zoning review process of the application.

1. A home occupation application must be completed and signed. **Attach a detailed letter of application describing the function of the home occupation**. (One copy - 8½ x 11). Please refer to §14-6.3(C)(2)(b) SFCC 1987, Standards for Specific Accessory Uses, for home occupation standards.

2. A floor plan that is to scale and depicts the interior of the residence and shows the exact location of the proposed home occupation. (One copy - 8½ x 11).

3. A vicinity map depicting property location, this map can be located in the phone book or Horton map book. (One copy - 8½ x 11).

Once this information is submitted, zoning staff will proceed with the review of the application. Please note, failure to include the necessary information and submittals mentioned above may result in the delay or rejection of the application.

If you have any questions, please do not hesitate to contact this office at (505) 955-6980.

Sincerely,

Georgia C. Urioste, CZO

Georgia C. Urioste, CZO
Zoning Inspections Supervisor

**CITY OF SANTA FE**

**INSPECTIONS AND ENFORCEMENT DIVISION**

**CERTIFICATE OF OCCUPANCY – HOME OCCUPATION APPLICATION**

Name _____ Date _____

Site Address _____ Day Time Phone _____

1. Will the home occupation be of a nature likely to attract visitors in large numbers than would normally be expected in that residential district?_____.

2. How much traffic do you anticipate per day? _____
_____

3. Are you the owner/tenant of the dwelling unit?_____

4. How many people other than members of the family will be engaged in the home occupation? _____

5. What is the present gross floor area of the dwelling unit, including accessory buildings?_____

6. What is the percentage of gross floor area proposed for home occupation use? _____%

7. Will there be any outside change in appearance of the building or premises, except as provided under Section 14-51 (Signs)? Yes____ No____ if yes, please explain. _____
_____
_____

8. Will there be sign advertisement on the premises? _____ If yes, what are the dimensions of the sign? _____

9. Will there be any equipment or process, which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal sense off the lot, if the occupation is conducted in a single-family residence or outside the dwelling? _____If yes, please explain. _____
_____

## OFF-STREET REQUIRED PARKING

| | |
|---|---|
| -Single family dwelling | 2 off-street |
| -Guest house | 1 off street |
| -Home occupation | 1 per 400 sq. ft. of gross floor area to be used for home occupation. |
| -Employees (2 employees max) | 1 per employee |

**NOTE**: In case of electrical interference, no equipment or process shall be used which creates visible or audible interference in any radio or television received off the premises, or cause fluctuation in line voltage of the premise.

The inability to provide for off-street parking shall, by itself be grounds for denying a home occupation.

## APPLICATION CERTIFICATION

I hereby certify that the information provided in this application is true to my knowledge and that any false information shall be grounds for appropriate legal action.

APPLICANT SIGNATURE _____ DATE _____

CITY OF SANTA FE

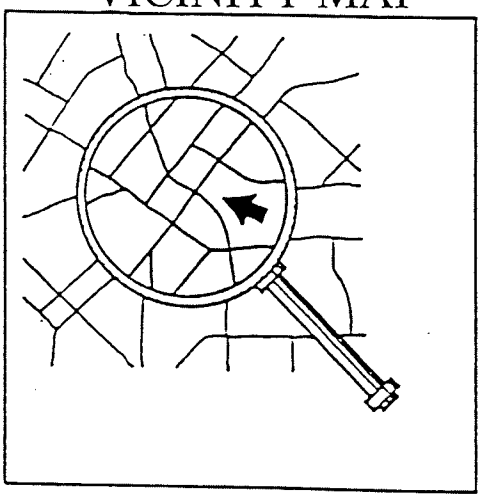
INSPECTIONS AND ENFORCEMENT DIVISION

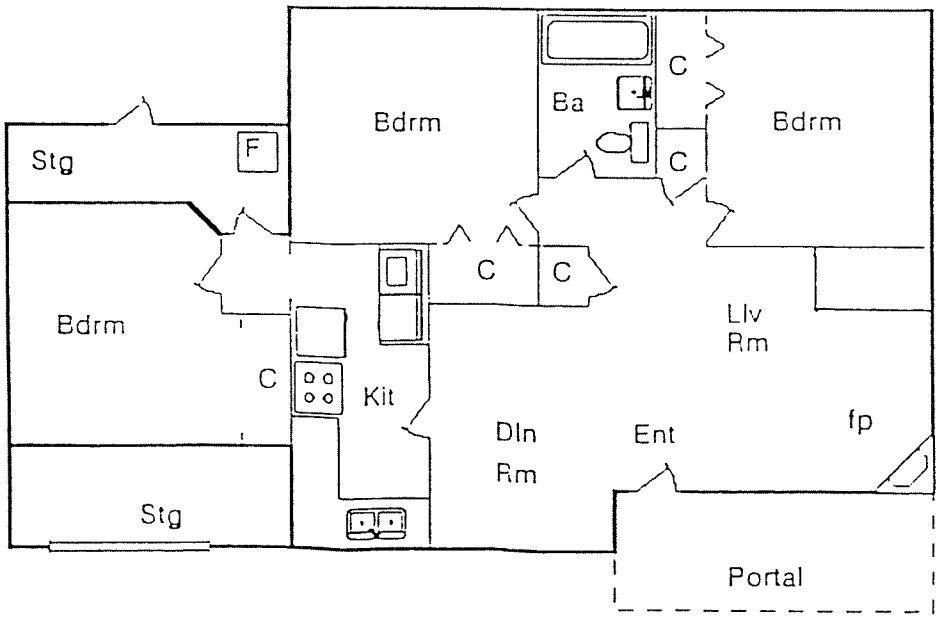
MININUM HOME OCCUPATION
SUBMITTAL REQUIREMENTS

1. Floor diagram of interior existing residence. (One copy - 8½ x 11)

2. Vicinity Map – to locate the property by street name.(One copy – 8½ x 11)

VICINITY MAP






FLOOR PLAN

# City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909

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Carmichael A. Dominguez, Dist. 3
Matthew E. Ortiz, Dist. 4
Ronald S. Trujillo, Dist. 4


## ADDITIONAL INFORMATION REQUIRED PRIOR TO SCHEDULING HOME OCCUPATION INSPECTION

1. A copy of the binding restrictive covenants or homeowners association agreement. If home businesses are not allowed, the home occupation application will not be accepted. Applicant may appeal this to the Board of Adjustment.

2. All applicants who will be employing more than one employee that does not reside at the home or have clientele visitation, must by certified return receipt mail give notice of the home occupation application to all residents and/or property owners within 150 feet of the premises and nearby neighborhood association. A copy of the notice shall address specific items mentioned in §14-6.3(C)(2)(v)(A) SFCC 1987, Accessory Uses or Structures, Home Occupations and Notice; Registration; Violations; Complaints; Variances; Appeals. A copy of the notice along with copies of the return receipts must be submitted with the home occupation application.

3. The number of parking spaces required will be determined by the type of business and number of employees.

4. If proposed business requires clientele visitation, ADA requirements may be required.

**ALL OF THE ABOVE REQUIREMENTS MUST BE ATTACHED TO THE HOME OCCUPATION APPLICATION BEFORE INSPECTIONS WILL BE SCHEDULED.**

# City of Santa Fe Fire Department

P.O. Box 909, 200 Murales Road · Santa Fe, New Mexico 87504
(505) 955-3110 · FAX (505) 955-3115


ATTN: Certificate of Occupancy Applicants
For Home Occupancy Businesses

In an effort to reduce the time you might spend waiting for a re-inspection from a Fire Inspector after your initial inspection, and also to alleviate the problems of re-inspections, the Santa Fe Fire Prevention Bureau is providing you with a basic list of requirements so that you will have a general idea of the things that will be checked by the Fire Inspectors. In some instances, depending on the type of business, other requirements may be enforced.

1. A fire extinguisher with the classification of 2A10BC (5# ABC) shall be provided. Extinguisher must have been purchased and/or serviced within the last year. The extinguisher shall be mounted in a visible and accessible area and installed so that the top of the fire extinguisher is not more than 5 feet above the floor.

2. Circuits on breaker panel need to be labeled and missing knockouts must be capped.

3. No material shall be stored in furnace or hot water heater enclosures or within 2½ feet of furnace or water heater without enclosures.

4. Homes with smoke detectors shall have smoke detectors operational.

The requirements above make up some of the reasons that a Fire Inspector would have to re-inspect your home. If the above requirements are met prior to the fire inspection, most homes should be in compliance with fire codes.

Thank you for your cooperation.

Santa Fe Fire Prevention Bureau

Revised: July 17, 2000