



CITY OF DEL REY OAKS

Application for Home Occupational Use Permit
(H.O.U.P.)

Business Name _____ Date _____

Applicant's Name _____

Address _____

Telephone Number _____

Instructions:

1. Briefly describe the nature of business: _____

2. Will business increase traffic on the street? If yes, please describe by what amount, during what hours and average length of time?

_____ Check here if addition materials are attached.

Applicant's Signature

FOR OFFICE USE ONLY

Application Number _____ Fee \$160

Received By _____ Date Received _____

Approved Date _____ Denied Date _____