



HOME OCCUPATION PERMIT APPLICATION

CITY OF MANTECA, COMMUNITY DEVELOPMENT DEPARTMENT
1001 W. CENTER ST., MANTECA, CA 95337, (209)456-8500
planning@ci.manteca.ca.us

Applicant Info	Property Owner Info
Name: <u>Paramjit Chohan</u>	Name: <u>Paramjit chohan</u>
Address: <u>894 STORYBOOK ST</u>	Address: <u>894 STORYBOOK ST</u>
City/State/Zip: <u>Manteca CA 95337</u>	City/State/Zip: <u>Manteca CA 95337</u>
Home Telephone: <u>209-665-4497</u>	Home Telephone: <u>209-665-4497</u>
Mobile No.: <u>209-513-2484</u>	Mobile No.: <u>209-513-2484</u>
E-mail Address: <u>paramjitchohan@yahoo.com</u>	E-mail Address: <u>paramjitchohan@yahoo.com</u>
Fax No: <u>209-665-4497</u>	Fax No: <u>209-665-4497</u>

Business Info
Business Name: <u>Super care center 2</u>
Business Hours: Days: <u>24 7 days</u> Hours: <u>24</u>
Business Telephone: <u>209-665-4497</u>
Description of Business: <u>Adult residential care</u>

- Number of persons in the home working for the business: 2
- Will you be receiving any shipments or deliveries of supplies: Yes No
- If yes, how many per day/week: Monthly
- What kind of deliveries or supplies: NO
- What are the dimensions of the area used for the business: Residential
- What will this area used for: Residential
- Any remodeling work to be completed for this business: Yes No
- If yes, what tools are required for the repairs: _____
- List the vehicles used for the business (Make/Model): van
- Signature of Property Owner below if not same as applicant.

I declare under penalty of perjury that all of the information is true and correct. And that I have read and understand Section 17.78 of the Zoning Ordinance "Home Occupations," and agree to comply with the regulations.

Paramjit Chohan PARAMJITCHOHAN 7/12/19
Applicant Signature Print Name Date

Paramjit Chohan PARAMJIT CHOCHAN 7/12/19
Property Owner Signature Print Name Date

OFFICE USE ONLY

Approved: _____ Denied: _____

Planner Signature: [Signature] Date 7/12/19

Assessor's Parcel No. (APN): 226-320-03 Application Number: HOC 19-61

Please initial next to each item that you understand and agree to the Home Occupation Special Standards Chapter 17.78.040 of Title 17, Zoning Ordinance:

A. All home occupations shall continuously meet the following regulations in addition to any conditions imposed by the business license for home occupation issued by the City. Prior to the establishment of any home occupation, the following requirements must be met:

- pc 1. The residence where the home occupation is located shall be the primary residence for the operator of the home occupation.
- pc 2. A business license from the City is required for any home occupation consistent with the requirements of this Municipal Code.
- pc 3. Signs pertaining to home occupations shall comply with the provisions of Chapter 17.54 (Signs on Private Property). There shall be no display of products produced by occupants of the dwelling which are visible in any manner from the outside of the dwelling unit.
- pc 4. One home occupation is allowed at a home where customers may visit the business. Otherwise, there is a limit of one additional home occupation for the residence where no customers may visit the business.
- pc 5. The home occupation shall not involve sale of merchandise other than that produced on the premises (e.g., artist's originals or products individually made to order), or directly related to and incidental to the services offered. Products which are not produced on the premises may be constructed on-site, using equipment normally found in a residence; however, these products may only be sold off-site at a permitted commercial location.
- pc 6. The use of the residential dwelling for the home occupation shall be clearly incidental and subordinate to its use for residential purposes.
- pc 7. No process shall be used which is hazardous to public health, safety, or welfare. The home occupation shall produce no evidence of its existence upon or beyond the premises such as external alterations creating nonresidential or unsightly appearance of a structure, noise, smoke, fumes, odors, light, electrical interference, dust, glare, liquid or solid waste, or vibrations. Noise levels shall comply with the City's Noise Ordinance. There shall be no use of utilities or community facilities beyond that normal to the use of the property for residential purposes.
- pc 8. Generally, business visitors and customers of the home occupation are prohibited from visiting the residence. However, this provision does not apply to home occupations of an educational nature, including, but not limited to, tutoring, music instruction, swimming lessons, and art. Such uses are limited to not more than one business visitor per hour and no more than one at any given time.
- pc 9. There shall be no outside storage of material, equipment, products, or supplies. Hazardous materials may only be stored in amounts below the thresholds as established by the local Fire Department which do not require any special permits or licenses. The home occupation shall dispose of all waste materials or byproducts on a regular, timely basis in conformance with applicable garbage collection, fire protection, and public health regulations.
- pc 10. The home occupation shall be confined completely within a legal structure and shall not occupy more than one room, or the equivalent of 25 percent of the floor area of a dwelling, whichever is greater, or 200 square feet of a permitted accessory building. No internal or external alterations for the home occupation shall be made to the dwelling unit that are not customarily found in or to serve residents. Conversion or alteration of a portion of the interior of the residence, garage, or accessory structure that does not result in a loss of off-street parking or adversely alter the exterior appearance of the structure may be allowed through approval of appropriate entitlements and issuance of a building permit.
- pc 11. The home occupations shall not generate deliveries, pedestrian, or vehicular traffic beyond that which is normal in a residential district. No vehicles not normally found or parked for extended periods of time in a residential area shall be located at a home occupation, including, but not limited to, tool trucks, dump trucks, semis, and vehicles for hire (e.g., taxicab, limousine, pedicab).



Facility Detail

(<http://www.cdss.ca.gov/>)

SUPER CARE CENTER II

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Status: Licensed

Lic. Date:

4/2/2018

Address:

894 STORYBOOK STREET

MANTECA, CA 95337

Licensee Name: SUPER CARE CENTER

Phone: (209) 513-2484

Facility Number: 392700255

Facility 6

Capacity:

Facility Type: ADULT RESIDENTIAL

State Licensing Office Contact Information

Address: 2525 NATOMAS PARK DR. STE.270

SACRAMENTO, CA 95833

Phone: (916) 263-4700

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of Visits: 7



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

G570528

FILED

In the office of the Secretary of State
of the State of California

APR-11 2019

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME
SUPER CARE CENTER

2. CALIFORNIA CORPORATE NUMBER
C3385876

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS			
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

04/11/2019 JAMES SMITH CPA _____
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE