



**COTTAGE INDUSTRY APPLICATION & PERMIT
MADERA COUNTY PLANNING DIVISION**

200 W. 4th Street, Suite 3100
Madera, California 93637

559-675-7821 •FAX (559) 675-7639
e-mail: mc_planning@maderacounty.com

Number _____
Date _____
Fee _____ Penalty _____
Receipt No. _____
Staff Date of Action _____
Staff <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/>

PLEASE PRINT

Applicant _____
 Address _____
 City State Zip _____
 Phone () _____

Please provide a site plan on a separate sheet as per instruction provided.

Property Owner _____
 Address _____
 City State Zip _____

THIS APPLICATION IS FOR THE FOLLOWING
 Tax Parcel No. (APN) _____
 Acreage _____

- | | |
|---|--|
| <input type="checkbox"/> Artist, sculptor or photography studio, or firearm repair | <input type="checkbox"/> School of special education |
| <input type="checkbox"/> Author or composer | <input type="checkbox"/> Telephone answering service |
| <input type="checkbox"/> Dressmaker, seamstress or tailor | <input type="checkbox"/> Key and locksmith |
| <input type="checkbox"/> Gardening service | <input type="checkbox"/> Pet grooming |
| <input type="checkbox"/> Hairdresser/barber | <input type="checkbox"/> Manicurist |
| <input type="checkbox"/> Home crafts | <input type="checkbox"/> Internet services |
| <input type="checkbox"/> Office of a religious leader | <input type="checkbox"/> Office of an architect, artist, broker, consultant,
engineer, instructor in arts and crafts, insurance agent,
land surveyor, musician, bookkeeper, accountant, typist,
notary public or private investigator |
| <input type="checkbox"/> Office of a salesman, (no sales on site) | |
| <input type="checkbox"/> Cottage Food Industry (The applicant has a right to request the written fee verification.) | |

Other: _____

The foregoing information is true and correct to the best of my knowledge and belief. The applicant and property owner hereby acknowledge the requirements as set forth in the Madera County Code and agree to comply with all County and State Laws. (BOTH MUST SIGN).

✓ Signature of Applicant _____ ✓ Signature of Property Owner _____

DO NOT WRITE BELOW THIS LINE

ZONE _____	GP _____	AREA PLAN _____
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I hereby understand that additional permits and inspections may be required and it is my responsibility to obtain necessary permits from the Fire Department, Environmental Health Department or the Building Department. _____

AUTHORIZED SIGNATURE _____ Date: _____, 20 _____

No. _____