



# TOWN OF PONCE INLET

## Home Occupation Permit Application

(In addition to the Business Tax Receipt Application)

### Informational Sheet

The following information will assist you in gaining approval for your home occupation permit:

- 1) Determine the type of home business you want to start;
- 2) If using a fictitious name for the business, it must be registered **first** with the State of Florida; call 850-245-6058;
- 3) Complete the Home Occupation Permit Application and the Business Tax Receipt Application. If you need assistance, please call 386-236-2182;
- 4) If applicable, include those items listed under Additional Instructions on the Home Occupation Application (i.e. floor plan, owner approval);
- 5) Forward your applications and attachments to our office either by mail or by visiting Town Hall. We accept cash, check, debit card, VISA and MasterCard as payment for permit and Business Tax fees.

**Upon approval of the Home Occupation Permit Application, your Business Tax Receipt Application will be processed. After payment of all applicable fees, the Town's Home Occupation Permit and Business Tax Receipt will be issued.**

### Examples of Permitted Home Occupations

Consulting  
Mail Order/Manufacturer's Agent  
Word Processing  
Contractor (office only)

Architect/Engineer  
Bookkeeping/Accounting  
Interior Decorator/Designer  
Insurance Agent

### Prohibited Home Occupations

*List not meant to be all-inclusive*

Adult Entertainment  
Antique Shops  
Auto Service and Repair  
Barber and Beauty Shops  
Bed and Breakfast Facilities  
Body Scrubs  
Child Care Centers  
Churches  
Clubs, Private  
Commercial Physical Contact Establishments  
Drive-in Facilities  
Eating and Drinking Establishments  
Escort Services  
Food Processing and Handling

Fortune Tellers  
Funeral Homes  
Group Instruction of More Than (2) People  
Health Spas  
Hospitals and Clinics  
Hotels/Motels  
Kennels  
Massage Establishments  
Modeling of Clothes  
Plasmapheresis  
Retail or Wholesale  
Vehicle Sales, Rental or Repair  
Whole Blood Facilities

### Cost of Home Occupation

There is a one-time \$25.00 application processing fee, due at time of new submittal of Home Occupation Permit application. Home Occupation Permits expire on September 30th of each year and must be renewed annually.



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### HOME OCCUPATION QUESTIONNAIRE

#### **Section 3.23.1 Land Use and Development Code - Applicability/definition**

A. Definition. A limited business operation, conducted as an accessory use within a residential dwelling unit.

B. How permitted. A home occupation shall be accessory to a residential use.

Regulating home occupations is the Town's way of ensuring that the residential character of the neighborhood where the home occupation is operating is not adversely affected. If you are thinking about operating your business from your home, complete the following questionnaire to see if your business meets the qualifications for a home occupation.

Will...

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| you run the business by yourself or only with other people living in your home (ie spouse, roommate, or child)?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business be operated entirely within the living area (excluding the garage, yard or accessory structure) of your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business be conducted without making alterations to the exterior of your home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business generate less than two (2) vehicles at one time or less than ten (10) in one day?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business use or store only household or office equipment or supplies commonly found in homes?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business use 25% or less of the floor area of your home for your business?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business have all merchandise drop-shipped directly to the customer from the manufacturer?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business operate so as to not create any noise, glare, odors, or other nuisances to your neighbors?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the business agree not to store heavy machinery, hazardous, explosive or flammable materials on the property?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to all of the above questions, you may be able to have a home occupation in the Town of Ponce Inlet. If you answered no to any of the above questions, a staff member may be able to assist you in modifying your plans so that you would be able to have a home business.

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#### PLANNING AND DEVELOPMENT DEPARTMENT

4300 S ATLANTIC AVENUE ~ PONCE INLET, FL 32127 ~ PHONE 386-236-2182 ~ FAX 386-236-2190



# TOWN OF PONCE INLET

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

## Home Occupation Permit Application (In addition to the Business Tax Receipt Application)

BTR #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Ponce Inlet, FL Zip: **32127**

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Name & Address: \_\_\_\_\_

Total floor area of dwelling unit: \_\_\_\_\_ Sq Ft

Total floor area of the room(s) to be used in the conduct of the home occupation: \_\_\_\_\_ Sq Ft

Maximum number of vehicular trips generated by the home occupation: \_\_\_\_\_ per day

Number of employees and/or volunteer workers and their relationship to the applicant: \_\_\_\_\_

Type of merchandise to be stored or displayed: \_\_\_\_\_

Is the business engaged in Commercial Telemarketing? \_\_\_\_\_

If YES, provide commercial telephone seller license or exemption as per FS Ch. 501:

License : \_\_\_\_\_ OR \_\_\_\_\_ Exemption (Attach proof)

Please explain in detail the exact nature of your home occupation, including the tasks you will perform at your home: \_\_\_\_\_

**Transferability: Approval to conduct a Home Occupation is not transferable from one person to another nor from one location to another.**

### Additional Instructions:

1. Check with your Home Owner's Association for any private deed restrictions that may prohibit you from having a business in your home.
2. If you are NOT the homeowner, a notarized letter of approval for the home occupation from the property owner or property manager must be attached. If the home is a condominium, a separate letter of approval from the COA is required.
3. Provide a sketch or drawing of the floor plan of your home showing the dimensions of each room and of the total home. Label the rooms and identify the area to be used for the home occupation. Sketches are available on the county property appraiser's website (<http://webserver.vcgov.org>).
4. Submit a completed Town of Ponce Inlet Business Tax Receipt Application.

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# TOWN OF PONCE INLET

## Affidavit For Home Occupation Permit

STATE OF FLORIDA }  
COUNTY OF VOLUSIA }

I, \_\_\_\_\_, agree to comply with the following standards and conditions as set forth in Section 3.23.2 - Home Occupation standards of the Town of Ponce Inlet Land Use and Development Code for a home occupation permit to be located at: \_\_\_\_\_  
Ponce Inlet, FL with the nature of the business described as: \_\_\_\_\_

### CONDITIONS (Not all-inclusive)

- A. Visitation at the home occupation site is limited to two customers, clients, patients, or students at any one time, and only between the hours of 8:00 a.m. and 10:00 p.m.
- B. The following activities are prohibited:
  - 1. Manufacturing, processing or fabrication activities that result in audible noise at the property line;
  - 2. Dust, smoke or vapors the are observable at the property line;
  - 3. Fumes or noxious odors that are observable at the property line;
  - 4. Electromagnetic interference detected outside the structure in which the home occupation is located; or
  - 5. Cannabis farms, medical marijuana dispensaries, or non-medical marijuana sales.
- C. No employees shall be engaged in the home occupation except members of the household residing in the dwelling unit in which the home occupation is conducted.
- D. All business activity shall be conducted entirely within the dwelling unit, including instructing, consulting, sales, storage, servicing, assembling, manufacturing, and fabricating.
- E. No change in the outward appearance of the premises on which the home occupation is located is permitted that would indicate the premises is anything but a residence.
- F. Home occupation signs are permitted in accordance with subsection 3.30.6.B; however, no outside advertising is permitted on the premises or elsewhere when it can be reasonably construed that such advertising is designed to attract customers to the premises.

**I HAVE READ AND AGREE TO THE STANDARDS AND CONDITIONS AS SET FORTH ABOVE. I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE. INTENTIONAL MISREPRESENTATION IN THIS DOCUMENT SHALL BE CONSIDERED A FALSE OFFICIAL STATEMENT, IN VIOLATION OF FS 831.02 AND SHALL BE PROSECUTED ACCORDING TO LAW.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Application date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

Notary stamp/seal

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Notary printed name

**Planning & Zoning Review:**      \_\_\_\_\_ Approved      \_\_\_\_\_ Denied  
Zoning District classification: \_\_\_\_\_      Comments: \_\_\_\_\_  
Approved by: \_\_\_\_\_      Date: \_\_\_\_\_  
Department Representative