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

TOWN OF PONCE INLET

Permit #:_____

Home Occupation Permit Application

BTR #:_____

(In addition to the Business Tax Receipt Application)

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.

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 identfication.

Notary stamp/seal

_____
Notary signature

_____
Notary printed name

Planning & Zoning Review: _____ Approved _____ Denied

Zoning District classification: _____ Comments: _____

Approved by: _____ Date: _____
Department Respresentative