



8. Will there be a need for any on-site manufacturing or assembling of products? \_\_\_\_\_  
If so, describe nature and extent. \_\_\_\_\_
9. Will there be any need for on-site storage of materials? \_\_\_\_\_
10. Will any commodities be sold upon the premises? \_\_\_\_\_ If so, what is the estimated number of customers per day. \_\_\_\_\_
11. Will any on-site deliveries by service vehicle occur? \_\_\_\_\_
12. What will the hours of operation be? \_\_\_\_\_
13. Will any accessory building(s) be used in conjunction with the Home Occupation? \_\_\_\_\_
14. Will any expansions of existing residential structures or accessory buildings be required? \_\_\_\_\_  
If yes, describe the extent of expansions providing the additional square footage. \_\_\_\_\_
15. Will a sign be erected on-site? \_\_\_\_\_ If yes, identify the location and square footage of the proposed signage. \_\_\_\_\_
16. Please describe in detail how your business works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====FOR OFFICE USE ONLY=====

THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL COMPLY WITH CHAPTER 912.05(6), LAND DEVELOPMENT REGULATIONS OF INDIAN RIVER COUNTY, FLORIDA.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF INDIAN RIVER SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, WHO IS/ARE PERSONALLY KNOWN TO ME OR HAVE PRODUCED THEIR, \_\_\_\_\_

AND WHO DID NOT TAKE OATH:

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: \_\_\_\_\_

**A \$65.00 ONE-TIME FEE IS REQUIRED**  
**(make check payable to Indian River County)**

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***Legal Description of Property Where Home Occupation Will Take Place:***

Lot \_\_\_\_\_ Parcel or Block \_\_\_\_\_ PBI \_\_\_\_\_ Zoning \_\_\_\_\_

Subdivision \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Tax Parcel Control Number \_\_\_\_\_

Owner (if other than applicant) \_\_\_\_\_

Is there a building on the property? \_\_\_\_\_

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