

**COUNTY PLANNING HOME OCCUPATION
QUALIFICATION FORM**

- | | Yes | No | |
|----|------------|-----------|--|
| 1. | ___ | ___ | Is the home occupation one of the following uses?
(If "yes", check the appropriate use listing) |
| | | | 1. Automotive repair or paint shops _____ |
| | | | 2. Barber shops and beauty shops _____ |
| | | | 3. Child care centers _____ |
| | | | 4. Dog grooming services _____ |
| | | | 5. Food service establishments _____ |
| | | | 6. Funeral chapels, funeral homes _____ |
| | | | 7. Gift shops _____ |
| | | | 8. Massage parlors _____ |
| | | | 9. Nursing homes _____ |
| | | | 10. Medical or dental laboratories _____ |
| | | | 11. Outdoor repair _____ |
| | | | 12. Rental of any equipment or other items _____ |
| | | | 13. Restaurants _____ |
| | | | 14. Veterinary hospitals and clinics _____ |
| 2. | ___ | ___ | Will employees not living within the residence gather at the residence? |
| 3. | ___ | ___ | Will there be customers coming to the residence? |
| 4. | ___ | ___ | Will there be any equipment or processes on site that will create noise or odors beyond what is customarily associated with a residence? |
| 5. | ___ | ___ | Will any merchandise be displayed or sold on the premises? |
| 6. | ___ | ___ | Will the appearance or function of the premises change to something different from a normal residence? |

Name of Business: _____

Phone Number: _____

Applicant hereby agrees to complete the **attached Home Occupation Permit application form**, and file the application and the one time fee \$65.00 (made payable to Indian River County) with the County Code Enforcement Department within 7 days of the date on this form. Submit in person or mail to:

Code Enforcement Department
Community Development
1801 27th Street Building A
Vero Beach, FL 32960

Signature

Date

SUBMIT TO TAX COLLECTOR

INDIAN RIVER COUNTY
HOME OCCUPATION PERMIT
CODE ENFORCEMENT DEPARTMENT
COMMUNITY DEVELOPMENT
1801 27TH STREET
BUILDING A
VERO BEACH, FLORIDA 32960
(772) 226-1249

DATE: _____

CHECK ONE: New Application Change of Location Change of Use Change of Ownership

Applicant's Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Business Phone Number: _____

Nature of Home Occupation: _____

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:

1. Total square footage of livable floor area in the residential structure? _____
2. Total square footage of floor used for the Home Occupation? _____
3. Total number of persons residing in the residence? _____
4. Total number of persons being employed under the proposed home occupation permit? _____
5. Will there be any noise, odor, or other environmental impacts upon surrounding development?
_____ If yes, describe nature and extent of such impacts: _____
6. What is the estimated number of vehicle trips per day that will be generated by the Home Occupation use? _____

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7. What is the estimated number of parking spaces required to serve the clientele of the Home Occupation? (**DOES NOT INCLUDE PERSONAL VEHICLES**) _____
8. Will there be a need for any onsite manufacturing or assembling of products: _____
If so, describe nature and extent: _____
9. Will there be any need for onsite 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 onsite 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 onsite? _____ If yes, identify the location and square footage of the proposed signage _____
16. Please describe in detail how your business works: _____

The above information and statements are true to the best of knowledge and I will comply with Chapter 912.05(6), Land Development Regulations of Indian River County, Florida.

APPLICANT'S SIGNATURE: _____

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

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

Legal Description of Property Where Home Occupation Will Take Place:

Lot _____ Parcel/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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