

HOME OCCUPATION PERMIT APPLICATION

Note to Applicant:

- Approval of a Home Occupation Permit is required to operate a business from a home within a residential zone in the City Limits.
- The applicant is responsible for obtaining approval for this use from their Home Owner’s Association PRIOR to beginning business activity.

TRACKING INFORMATION (for Office Use Only)

Date Received _____

Comprehensive Plan Designation _____ Zoning District _____

Tax PPIN # _____ Tax Parcel Number _____

Section _____ Township _____ Range _____

Legal Description _____

SITE LOCATION & DESCRIPTION

Site Address _____

Subdivision _____

Nearest Cross Street _____

BUSINESS INFORMATION

Business Name _____

Type of Business (please explain business activities proposed at this site): _____

Are there other home occupations at this address? Yes No
If yes, Associated Privilege License Numbers _____

GENERAL INFORMATION

Please provide the following information:

- 1) Square footage of dwelling unit: _____ sq ft
- 2) Square footage of floor area that will be used for business purposes: _____ sq ft
- 3) List all individuals engaged in the business, including name and relationship to principal residents:

- 4) Days and hours of operation of the business: _____
- 5) Number and type of vehicles to be used in connection with the business and location of vehicle parking on the site:

- 6) Anticipated number of customer vehicles coming to business each day: _____
- 7) Expected number of business deliveries per week: *(Do not count US Postal Service deliveries)* _____
- 8) Will your business include activities which generate noises, vibrations, odors, heat, glare, or visual or audible electrical interference in line voltage beyond property line?
 Yes No (If Yes, please explain)

- 9) Attach a scaled plot plan (aerial view) of the subject property illustrating lot dimensions, street frontage.
- 10) Provide a floor plan of the dwelling unit indicating the area to be used for the Home Occupation.

APPLICANT & OWNERSHIP INFORMATION

Applicant: Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

I hereby certify that my business will continually conform to the standards of the City of Florence, MS zoning ordinance pertaining to Home Occupations, and to any conditions of approval attached to the Home Occupation Permit. I understand that the my home occupation permit is subject to revocation at any time by the Governing Authority for cause under the following circumstances: 1) violation of any provision of the city ordinances; 2) violation of any term or condition of applicable permit; or 3) failure to pay the City privilege license when due.

Applicant's signature _____ Date _____

If the applicant is not the property owner, permission from the owner must be provided below or on a separate attached letter:

Property Owner(s): Name(s) _____

Business Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Property owner(s) signature _____ Date _____