



**SPECIAL EXCEPTION APPLICATION
 HOME OCCUPATION**

Date Received:	File #: SEHO-
Application Fee: \$750.00	

Application and all pertinent required data (listed below) MUST be submitted with this application

<input type="checkbox"/> ORIGINAL application with Signed & Notarized Special Exception Home Occupation Application and/or Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> Date applicant met with the representatives of Zoning & Urban Design staff prior to the submission of a Special Exception Application _____
<input type="checkbox"/> A copy of the deed or other evidence of ownership	<input type="checkbox"/> A disclosure statement of the real parties in interest on a form provided by the City, signed by the applicant and notarized. (if applicable)
<input type="checkbox"/> Plot Plan: Should show existing buildings, uses of each, dimensions, spacing between and setbacks from property lines; off-street parking showing spaces marked off. (if applicable) **A survey not more than 12 months prior to application may be required**	
<input type="checkbox"/> All Special Exception applications for home occupations to be considered for any residential dwelling unit, shall <ol style="list-style-type: none"> 1. submit two (2) copies of the following: 2. Boundaries of the entire property; 3. Location of all existing and proposed structures; 4. Public rights of way, indicating names, route numbers and width; 5. Proposed means of ingress and egress to the property from a public street; 6. Parking spaces and/or driveway locations; 7. Existing zoning designation and use of subject and adjacent properties; 8. Any proposed changes to the exterior of the property, including any site lighting. 	<input type="checkbox"/> Written statement describing the proposed use and providing the following information: <ol style="list-style-type: none"> 1. Type of operation; 2. Hours of operation; 3. Traffic impacts, including the maximum expected trip generation and the distribution of such trips by mode and the time of day based on current Institute of Transportation Engineers [ITE] Manual, internal road network, and connection into the existing transportation network. A traffic study will be required for all applications that contain or are adjacent to roads that carry or are proposed to carry more than 800 vehicle trips per day [VPD]; and 4. Impacts on adjacent uses and measures proposed to mitigate such impacts
<input type="checkbox"/> Certificate of Appropriateness application and application fee if property is located within the National Register Historic Overlay District, listed on the National Register, or property listed on the Florida Master Site File by the State of Florida Department of State, Bureau of Historic Preservation of the Division of Historical Resources Florida Master Site File No. _____ Contributing Structure <input type="checkbox"/> Yes <input type="checkbox"/> No	

In addition to the original application ANY documents greater than 11x17 MUST ALSO be submitted on a CD/DVD

In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to required public hearings. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record

IMPORTANT: The applicant or his representative **MUST** be present at the hearing. There will be a fee of \$500.00 for a Voluntary Continuance (a request by the applicant to continue a petition before the appropriate board or council, or by the failure of the applicant to attend or be represented at the appropriate meeting).

1. Applicant

Name:

Address: City: State: Zip:

Phone: Email address:

2. Owner(s) of Record

Name:

Address: City: State: Zip:

Phone: Email address:

3. Business Name

Name:

Address: City: State: Zip:

Phone: Email address:

4. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)

Name:

Address: City: State: Zip:

Phone: Email address:

5. Home Occupation Address:

6. Property Legal Description: (Attach separate sheet if necessary)

Parcel ID /Account #	Lot #	Block#	Section

Any person or entity holding real property in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for other, shall in this application disclose the name and address of every person having a beneficial interest in the real property, however small or minimal.

7. Proposed Home Occupation / Use(s)

8. Will this Home Occupation adversely affect the use of neighboring properties? Yes No
If yes, explain below:

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9. What are the hours of Operation?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

10. How many clients/customers/vehicle trips will be made to the Home Occupation Business per day?

11. Where will the vehicles park?

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12. How will the business be advertised?

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13. How many total employees?

14. Will there be on-site storage of goods and merchandise related to the occupation? Yes No
If Yes ...

(1) What items or merchandise will be stored?	(2) Where on the property will the items or merchandise be stored

15. How many deliveries or shipments will occur on a daily basis:

16. Will the proposed use create any required or additional lighting? Yes No
If yes, explain below:

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17. Will the proposed use create any noise that will be audible outside of the dwelling unit?

Yes No **If yes, explain below:**

Note: If the application is approved, you must obtain a Local Business Tax Receipt prior to commencement of business.

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

AFFIDAVIT

Signature of Owner or Authorized Agent

Print Name & Title

Date

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a SPECIAL EXCEPTION HOME OCCUPATION APPLICATION on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner

Print Name of Property Owner

Date

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)