



4200 Indian Bayou Trail, Destin, Florida 32541 (850) 837-4242 FAX (850) 837-7949

### APPLICATION FOR HOME OCCUPATION APPROVAL

Date: \_\_\_\_\_

Name of business: \_\_\_\_\_

Business location: \_\_\_\_\_  
(street address)

Name of business owner or agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Describe home-based business activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

I rent this home. (Must attach notarized letter from owner granting permission to conduct business from premises.)

I own this home. (Copy of deed or bill attached.)

Owner of home: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal description of property or tax identification number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME OCCUPATION AFFADAVIT**

I, THE UNDERSIGNED, DO HEREBY AGREE to comply with all standards for home occupations as specified in the Land Development Code, Section 9.06.06 (a copy of which has been provided to me and reviewed by me.)

I DO SOLEMNLY SWEAR that no hazardous or toxic chemicals are stored on the premises.

I DO SOLEMNLY SWEAR AND AFFIRM that all information entered on this form is true and correct to the best of my knowledge. I am hereby notified that should any information on this form be found to be inaccurate or incomplete, the local business tax receipt issued may be withdrawn and the business, professional, or occupational activity permitted therewith shall immediately cease until all defects have been corrected.

I FURTHER ACKNOWLEDGE that any departure from the proscribed standards shall be grounds for revocation of the applicable business tax receipt and I will cease the conduct of the home occupation.

I FURTHER ACKNOWLEDGE the business tax receipt issued must be renewed each year prior to October 1<sup>st</sup>.

I DO HEREBY AUTHORIZE the City of Destin and its representatives the right to conduct reasonable inspection of premises to ensure compliance with the applicable conditions. I further acknowledge that if a nuisance complaint is received, and if noncompliance is determined, I understand that I shall have thirty (30) days in which to comply or cease operation at the permitted site.

DATED this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE, DEPARTMENT WITNESS

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
SIGNATURE, DEPARTMENT WITNESS

\_\_\_\_\_  
ADDRESS

APPROVED for home occupation: \_\_\_\_\_  
Planning and Zoning Director

\_\_\_\_\_  
City Manager or Designee

Fee paid: \$ \_\_\_\_\_