



Business Tax Receipt – Zoning Approval Form

The Zoning Division reserves the right to determine whether this application is complete and accurate.

Part 1:

Applicant (who is applying for approval) _____

Applicant Phone number _____ Applicant Email Address _____

Address of Business Location (where is the proposed business located):

Name of Business: _____

Nature of Business (What does your business do? Include all services that you provide)

Part 2:

What type of Business is proposed? Please check which one of the following types of business you are proposing (select only 1)

Commercial/Office Business from Non-residential District

This type of business is located in a non-residential district

Home-Based Business

This is a business that is based out of your home (where you live). This includes both home offices as well as mobile service type businesses. The activities of a home-based business are secondary to the property's primary use as a dwelling unit.

The following conditions and restrictions apply to home based business:

- Home based business shall comply with FS §559.955
• The parking of commercial and dual rear wheeled vehicles shall be prohibited at the location of the home based business
• Any ancillary trailers or equipment used in conjunction with the home based business must not be visible from the street, or any abutting properties

If proposing a Home-Based Business, please provide the following information:

Are you the property owner? Yes No:

If you are not the property owner, and are only a lessee of property where the home-based business is located, the property owner will be required to sign, and have notarized, this application. See Part 4 of this application on Page 2.

An employee is anyone who works for the business, including independent contractors.

How many total employees (including yourself): _____



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How many of the employees (including self) live at the residence: _____

How many employees who work at the residence DO NOT live at residence? _____

How many of the employees work off-site (remotely from another location)? _____

Do any customers or patrons come to the residence: Yes [] No: []

What is the total square footage of the home used for the home-based business? _____

- Please provide a floor plan or sketch of the areas of the home being utilized with this submittal

Are any portions of the property outside of the home (such as sheds, accessory structures, or portions of the yard) being utilized for the home-based business? Yes [] No: []

- If yes, please provide a site plan or aerial of the property, showing where on the property business operations occur.

Part 3:

Please Read the following, and sign below.

By signing below and submitting this application, you acknowledge that all information supplied on this application for a business tax receipt approval is true and correct. You also acknowledge the County's right to rescind approval and take any other legal means necessary in accordance with Orange County County's Code.

Approval of this application is related to the proposed use on a property only. Additional permits may be required, and all applicable County codes must still be met.

Pursuant to Section 125.022, Florida Statutes, zoning approval of this use does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the County for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law. Pursuant to Section 125.022, the applicant shall obtain all other applicable state or federal permits before commencement of development.

Applicant Signature: _____ Date _____

Part 4:

If you are proposing a Home-Based Business, and you are not the property owner, you must have the property owner sign, and have their signature notarized below:

Property Owner's Name (Print): _____

Property Owner Signature: _____ 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/did not take an oath.

_____ Date: _____ (seal):