



CITY OF
INDIAN HARBOUR BEACH

Florida

2055 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FLORIDA, 32937
PHONE: 321-773-3181
FAX: 321-773-5080
Email: ngold@Indianharbour.org

APPLICATION FOR HOME BUSINESS PERMIT

- 1) Name of Business: _____
- 2) Nature of Business (In Detail): _____
- 3) Name of Applicant: _____
- 4) Phone Number: _____
- 5) Address of Residence: _____
- 6) The employees of the home based business, also reside at the residence: Yes ____ No ____
- 7) Number of employees/independent contractors that do not reside at the residence: ____

Additional criteria:

- A. Parking generated by the home based business will not be more than normally expected at a similar residence that does not have a home based business.
- B. Vehicles and/or trailers used in connection with the business must be parked in legal parking spaces that are not located within the right-of-way, on or over a sidewalk, or on any unimproved surfaces at the residence.
- C. As viewed from the street, the use of the residential property is consistent with the uses of the residential areas that surround the property.

THE APPLICANT SHALL PAY A NON-REFUNDABLE APPLICATION FEE OF \$20.00 AT THE TIME OF APPLICATION, WHICH WILL BE RENEWABLE YEARLY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR A HOME BUSINESS.

DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY:

APPROVED_ DISAPPROVED__ COMMENTS _ _ _ _ _

BUILDING OFFICIAL _ _ _ _ _ DATE ____ _