

URBAN DESIGN
326 WEST MARION AVENUE
PUNTA GORDA, FL 33950
(941) 575-3372
Zoning@CityofPuntaGordaFL.com
UrbanDesign@CityofPuntaGordaFL.com

SPECIAL EXCEPTION - HOME OCCUPATION - APPLICATION

| Date Received | | File Number Application Fee \$750.00 | SE- | | | |
|---|---|---|--|--|--|--|
| Application and all pertinent required data (listed below) MUST be submitted with this application | | | | | | |
| Special Except | olication with Signed & Notarized tion Home Occupation Application t Authorization for Agent (if applicable | Zoning & Urban Desi | ☐ Date applicant met with the representatives of Zoning & Urban Design staff prior to the submission of a Special Exception Application | | | |
| | deed or other evidence of ownership | on a form provided by applicant and notarize | A disclosure statement of the real parties in interest on a form provided by the City, signed by the applicant and notarized. (if applicable) | | | |
| ☐ 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** | | | | | | |
| occupations to dwelling unit, submit to the | two (2) copies of the following: ries of the entire property; n of all existing and proposed | providing the followin 1. Type of operatio 2. Hours of operati 3. Traffic impacts, expected trip ge such trips by mo on current Institu [ITE] Manual, int connection into t network. A traffic applications that roads that carry than 800 vehicle 4. Impacts on adjace | □ Written statement describing the proposed use and providing the following information: Type of operation; Hours of operation; 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 Impacts on adjacent uses and measures proposed to mitigate such impacts | | | |
| ☐ 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 ☐ Yes ☐ No | | | | | | |
| <u>In addition to the original application ANY documents greater than 11x17 MUST ALSO be submitted on a CD/DVD</u> | | | | | | |
| 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 / Owner(s) of Record | | | | | | | | | |
|--|---|--------------|---------|--------|------------------|---------|--------------|--------|--|
| Name | | | | | | | | | |
| Address | | | City | | | State | | Zip | |
| Phone | | | | | Email address | | | | |
| 2. Busi | ness Name | | | | | | | | |
| Name | | | | | | | | | |
| Address | | | City | | | State | | Zip | |
| Phone | | | | | Email address | | | | |
| 3. Auth | orized Agent – | (if applicab | ole – F | Proper | rty Owner must s | ign AGE | NT Affidavit | below) | |
| Name | | | | | | | | | |
| Address | | | City | | | State | | Zip | |
| Phone | | | | | Email address | | | | |
| 4. Home | Occupation Add | dress: | | | | | | | |
| Address | | | City | | | State | | Zip | |
| 5. 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. | | | | | | | | | |
| 6. Proposed Home Occupation / Use(s) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7. Will this Home Occupation adversely affect the use of neighboring properties? Yes No | | | | | | | | | |
| If yes, explain below: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 8. What are the hours of Operation? | | | | | | | |
|--|-----------------------------------|------------------|-----------|----------|--------------------|-----------------|--|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| | | | | | | | |
| | | | | | | | |
| | clients/custome e Occupation B | | | | | | |
| 10. Where will | the vehicles pa | rk? | | | | | |
| | | | | | | | |
| 11. How will th | ne business be a | advertised? | | | | | |
| | | | | | | | |
| 12. How many | total employee | s? | | | | | |
| 13. Will there be on-site storage of goods and merchandise related to the occupation? Yes No If Yes | | | | | | | |
| | at items or mer | chandise will be | 9 | | on the property wi | II the items or | |
| | | | | | | | |
| 14. How many deliveries or shipments will occur on a daily basis: | | | | | | | |
| 15. Will the proposed use create any required or additional lighting? ☐ Yes ☐ No If yes, explain below: | | | | | | | |
| | | | | | | | |
| 16. 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.

| NOTARIAL CE | ERTIFICATE - ACKNOWLEDGEMENT | |
|---|--|--------------------------------|
| | | |
| Signature of Owner or Authorized Agent | Print Name & Title | Date |
| State of Florida County of Charlotte | | |
| The foregoing instrument was acknowledged b | efore me by means of [] physical preser | ce or [] online notarization |
| this day of, 20, b | у | , who is |
| personally known to me or who has produced _ | as i | dentification. |
| | | |
| (Signature of Notary) | | (Seal) |
| AGENT AFFIDAVIT (F | Property Owner to complete ONLY if appli | cable) |
| I/We, property **Agent** on our behalf regarding a SPECIAL EXCEPT as in Punta Gorda | TION HOME OCCUPATION APPLICATION | |
| Signature of Property Owner | Print Name of Property Owner | Date |
| STATE OF) | | |
| COUNTY OF) | | |
| The foregoing instrument was acknowledged b | efore me by means of [] physical prese | nce or [] online notarization |
| this day of, 20, b | у | , who is |
| personally known to me or who has produced _ | as identification. | |
| | | (Seal) |
| Notary Public, State of Florida | My commission Expires | |