



**SPECIAL EXCEPTION – HOME OCCUPATION - APPLICATION**

<b>Date Received</b>		<b>File Number</b>	<b>SE-</b>
		<b>Application Fee \$750.00</b>	
<b>Application and all pertinent required data (listed below) MUST be submitted with this application</b>			
<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"> <li>1. submit two (2) copies of the following:</li> <li>2. Boundaries of the entire property;</li> <li>3. Location of all existing and proposed structures;</li> <li>4. Public rights of way, indicating names, route numbers and width;</li> <li>5. Proposed means of ingress and egress to the property from a public street;</li> <li>6. Parking spaces and/or driveway locations;</li> <li>7. Existing zoning designation and use of subject and adjacent properties;</li> <li>8. Any proposed changes to the exterior of the property, including any site lighting.</li> </ol>		<input type="checkbox"/> Written statement describing the proposed use and providing the following information: <ol style="list-style-type: none"> <li>1. Type of operation;</li> <li>2. Hours of operation;</li> <li>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</li> <li>4. Impacts on adjacent uses and measures proposed to mitigate such impacts</li> </ol>	
<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			
<b><u>In addition to the original application ANY documents greater than 11x17 MUST ALSO be submitted on a CD/DVD</u></b>			
<p>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 &amp; Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning &amp; 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</p>			
<p>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).</p>			

<b>1. Applicant / Owner(s) of Record</b>							
Name							
Address		City		State		Zip	
Phone				Email address			
<b>2. Business Name</b>							
Name							
Address		City		State		Zip	
Phone				Email address			
<b>3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)</b>							
Name							
Address		City		State		Zip	
Phone				Email address			
<b>4. Home Occupation Address:</b>							
Address		City		State		Zip	
<b>5. Property Legal Description: (Attach separate sheet if necessary)</b>							
Parcel ID /Account #		Lot #	Block#	Section			
<p><b>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.</b></p>							
<b>6. Proposed Home Occupation / Use(s)</b>							
<p><b>7. Will this Home Occupation adversely affect the use of neighboring properties?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain below:</b></p>							

<b>8. What are the hours of Operation?</b>						
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>9. How many clients/customers/vehicle trips will be made to the Home Occupation Business per day?</b>						
<b>10. Where will the vehicles park?</b>						
<b>11. How will the business be advertised?</b>						
<b>12. How many total employees?</b>						
<b>13. Will there be on-site storage of goods and merchandise related to the occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> If Yes ...						
<b>(1) What items or merchandise will be stored?</b>			<b>(2) Where on the property will the items or merchandise be stored</b>			
<b>14. How many deliveries or shipments will occur on a daily basis:</b>						
<b>15. Will the proposed use create any required or additional lighting?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain below:						
<b>16. Will the proposed use create any noise that will be audible outside of the dwelling unit?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:						

