

Business Name: _____

Customer # _____

Location/ Address: _____

Home Occupation Affidavit

To qualify for the Home Occupation the owner must personally appear and sign the affidavit and demonstrate that he/she has a full understanding of his/her obligations conducting a Home Occupation.

Home Occupation means an occupation conducted entirely in a dwelling unit and conforming to the following:

Initials:

DISCLOSURE STATEMENT

_____ 1. I understand I must live on this property and that no person other than members of the family residing on the premises shall be engaged in such occupation;

_____ 2. I understand that the use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall under no circumstances change the residential character thereof;

_____ 3. I understand that there shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation;

_____ 4. I understand that no home occupations shall occupy more than 20 percent of the first-floor area of the residence, exclusive of the area of any open porch or attached garage or similar space not suited or intended for occupancy as living quarters. No rooms which have been constructed as an addition to the residence, nor any attached porch or garage which has been converted into living quarters, shall be considered as floor area for the purpose of this definition until two years after the date of completion thereof, as shown by the records of the city building department;

_____ 5. I understand no traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in the required front yard;

_____ 6. I understand no equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal sense off the lot, if the occupation is conducted in a single-family residence, or outside the dwelling unit if conducted in other than a single-family residence. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises;

Initials:

_____ 7. I understand that the following shall not be allowed as home occupations: beauty shops and barbershops with more than one chair; musical instrument, dance, and swimming instruction for more than one student at a time; studios for group instruction; public dining facilities or tearooms; antique or gift shops; massage therapy for more than one client at a time; photographic studios; fortunetelling or similar activities; outdoor repair; food processing; retail sales; nursery schools; medical or dental laboratories; or kindergartens;

_____ 8. I understand the fabrication of articles such as are commonly classified under the terms of arts and handicrafts may be deemed a home occupation; subject to the other terms and conditions of the third definition, and providing no retail sales are made at the home;

_____ 9. I understand that the home occupation shall be subject to all applicable city occupational license and other business taxes;

_____ 10. I agree to notify **City of Palatka Building & Zoning Department** immediately of any additions, deletions, or changes to any information that I have provided on this disclosure.

Before a home occupation license can be issued, this disclosure statement must be completed and signed by the Business owner/Operator and returned to the City of Palatka Building & Zoning Department.

I, the undersigned Business-Owner/Operator, have read this document which includes the supplementary district regulations from home occupations in a dwelling unit from the Palatka Municipal Code: Sec 94-2 and I fully understand and agree to abide by said regulations as indicated by my initials.

Signature of Business-Owner/Operator Signature: _____ Date: _____

Printed Name of Owner: _____ Date: _____