

Marion County Board of County Commissioners

Growth Services * Planning & Zoning

2710 E. Silver Springs Blvd. Ocala, FL 34470 Phone: 352-438-2600 Fax: 352-438-2601

Fax: 352-438-2601 www.marioncountyfl.org

RESIDENTIAL HOME OCCUPATION APPLICATION

Applicant's name:		Parcel nur	mber:	
Proposed home occupation: Phone:		Cell phone:		
			nds legal description YES NC	
Property owner:Owner's address:				
Written directions to proper	ty			
application with the attach office. An inspection fee	ed site plan of the parc of <mark>\$70</mark> is required with	el (exterior yard and the submission of th	rom owner. Return the compinterior layout) and checklist this application. After review the inspection at a time of	to our of the
*******	***** FOR OF	FICE USE ONLY ***	*********	***
ZONING MAP #	ZONED:	FLUM:	CODE CASE:	
RECEIVED BY:		DATE:	AR·	

REV: 04/2015

SITE PLAN

eet minimum requ					
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RESIDENTIAL HOME OCCUPATION CHECKLIST

Parcel	ID #:	Owner name:
2.	dwelling u No part of	used for the Home Occupation shall not exceed 20 percent of the gross floor area of the unit or 400 square feet, whichever is less, and shall conform to all applicable codes. f the proposed activity or use shall be conducted in an accessory building or structure. , stock-in-trade or other commodities shall be displayed on the exterior.
		emise retail sales shall occur.
5.		a fide members of the family lawfully occupying the dwelling unit shall be employed in the home occupation.
6.		osed activity shall not create objectionable noise, fumes, odor, dust, vibration, electrical ce or hazardous wastes.
	occupation residentia	age portion of the dwelling unit or one bay of a two-bay garage is committed to home n use, an additional parking space on the lot shall be provided in order to meet the l parking requirements.
8.		s limited to one non-illuminated wall sign having no moving parts or flashing lights, exceed two square feet and is compatible with the neighborhood architectural character.
		s) (please print):
Signat	ure:	Date:
***	******	**************************************
Inspe	ctor:	Date of inspection:
Title:		Total square footage area approved
Comn	nents:	
n -	7,41	