

8. Will there be a need for any on-site manufacturing or assembling of products? _____
If so, describe nature and extent. _____
9. Will there be any need for on-site storage of materials? _____
10. Will any commodities be sold upon the premises? _____ If so, what is the estimated number of customers per day. _____
11. Will any on-site deliveries by service vehicle occur? _____
12. What will the hours of operation be? _____
13. Will any accessory building(s) be used in conjunction with the Home Occupation? _____
14. Will any expansions of existing residential structures or accessory buildings be required? _____
If yes, describe the extent of expansions providing the additional square footage. _____
15. Will a sign be erected on-site? _____ If yes, identify the location and square footage of the proposed signage. _____
16. Please describe in detail how your business works: _____

=====FOR OFFICE USE ONLY=====

THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL COMPLY WITH CHAPTER 912.05(6), LAND DEVELOPMENT REGULATIONS OF INDIAN RIVER COUNTY, FLORIDA.

APPLICANTS SIGNATURE _____ DATE _____

STATE OF FLORIDA, COUNTY OF INDIAN RIVER SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____, WHO IS/ARE PERSONALLY KNOWN TO ME OR HAVE PRODUCED THEIR, _____

AND WHO DID NOT TAKE OATH:

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: _____

A \$65.00 ONE-TIME FEE IS REQUIRED
(make check payable to Indian River County)

=====

Legal Description of Property Where Home Occupation Will Take Place:

Lot _____ Parcel or Block _____ PBI _____ Zoning _____

Subdivision _____

Township _____ Range _____ Section _____

Tax Parcel Control Number _____

Owner (if other than applicant) _____

Is there a building on the property? _____

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