



CITY OF  
**INDIAN HARBOUR BEACH**

## Florida

2055 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH, FLORIDA, 32937  
PHONE: 321-773-3181  
FAX: 321-773-5080  
Email: [ngold@Indianharbour.org](mailto:ngold@Indianharbour.org)

## APPLICATION FOR HOME BUSINESS PERMIT

- 1) Name of Business: \_\_\_\_\_
- 2) Nature of Business (In Detail): \_\_\_\_\_
- 3) Name of Applicant: \_\_\_\_\_
- 4) Phone Number: \_\_\_\_\_
- 5) Address of Residence:  
\_\_\_\_\_

6) The employees of the home based business, also reside at the residence: Yes  No

7) Number of employees/independent contractors that do not reside at the residence: \_\_\_\_\_

Additional criteria:

- A. Parking generated by the home based business will not be more than normally expected at a similar residence that does not have a home based business.
- B. Vehicles and/or trailers used in connection with the business must be parked in legal parking spaces that are not located within the right-of-way, on or over a sidewalk, or on any unimproved surfaces at the residence.
- C. As viewed from the street, the use of the residential property is consistent with the uses of the residential areas that surround the property.

THE APPLICANT SHALL PAY A NON-REFUNDABLE APPLICATION FEE OF \$20.00 AT THE TIME OF APPLICATION, WHICH WILL BE RENEWABLE YEARLY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR A HOME BUSINESS.

DATE

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY:**

APPROVED DIS

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_