Marion County
Board of County Commissioners

Growth Services

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

HOME OCCUPATION APPLICATION

Applicant's name: _____ Phone: _____

Property address: _____ Parcel Account No._____

Proposed home occupation: _____

Subdivision name (if applicable): _____ Lot ____ Blk____ Unit__

Property owner:_____ Owner's address:_____

Residential Zoning - home occupation must be located within the residence and shall not exceed 20% of the gross floor area of the dwelling unit or 400sf, whichever is less.

Agricultural Zoning - home occupation may be located in the dwelling unit and shall not exceed 20% of the gross floor area of the dwelling unit or 400sf, whichever is less OR home occupation may be located within a permitted accessory building and shall not exceed 600sf.

Owner's authorization will be required if the applicant is not the owner of record. A recorded deed may be required if the property has recently been sold.

Fee of $70 will be due at the time of application.

At the present time the inspection of the proposed workspace area will be completed by review of pictures submitted by the applicant.

OFFICE USE ONLY

Zoning Classification:_____ Zoning Map #_____ S _____ T_____ R_____

Growth Services Zoning Approval: _____ Date:_____

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HOME OCCUPATION SITE PLAN

PLEASE SHOW THE FOLLOWING INFORMATION

1. **Location of North.**
2. **Outline of property with dimensions.**
3. **Location and name of service street.**
4. **Location and setbacks of all existing improvements must be shown and meet minimum requirements for zoning classification.**
5. **Location and identification of all structures.**
6. **Location of well and septic.**

As the applicant, I _____certify that the information provided above is correct
To the best of my knowledge.

Signature of applicant: _____Date:_____

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Home OCCUPATION
Interior layout of structures and location of workspace

PLEASE SHOW THE FOLLOWING INFORMATION

1. **Interior layout of the structure**
2. **Label workspace area**
3. **Show dimensions of workspace area**

As the applicant, I _____certify that the information provided above is Correct to the best of my knowledge.

Signature of applicant: _____Date:_____