



Village of Palmetto Bay

HOME OFFICE PROCEDURES FOR RESIDENTIAL ZONES

SUBMIT THE FOLLOWING INFORMATION AND DOCUMENTS:

- Complete Certificate of Use and Business Tax Receipt application forms.
- Detailed floor plan showing the size and dimensions of the houses well as the specific area that will be utilized for the home office within the house.

REQUIREMENTS / RULES:

A home office is permitted as an ancillary use to all lawful residential uses subject to the following limitations:

- The area of the dwelling unit devoted to a home office shall not exceed 200 square feet of the house, including the garage area. (A garage cannot be used as a home office without going through the building permit process to convert the garage into a habitable room).
- The home office cannot be from an accessory building or other structure detached from the residence.
- The home office use must be conducted by a member of the household residing in the dwelling unit, and no person shall be employed at any time in connection with the home office use who is not a member of the household residing in the dwelling unit. (A disable individual may employ a person al care attendant as necessary to accommodate a home office on the disable person).
- No sign relating to the home office may be posted or displayed on the site. No vehicle may display any sign that might serve to indicate that the dwelling unit is being used for home office.
- No customers, vendors, client's suppliers or other patrons shall be served in person on the site.
- There shall be no display, manufacturing, distribution, repair or storage of any type of materials, merchandise or other products on the premises.
- There shall be no change in the outside residential character of the building or premises as a result of the home office use, or any visible evidence of business activity.
- More than (1) home office may be permitted in a dwelling unit if each home office complies with all of the above requirements, and that the combined total square footage of the home office area in the house does not exceed two hundred (200) square feet.



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CERTIFICATE OF USE APPLICATION

Date: _____ Folio No: _____ S _____ T _____ R _____

BUSINESS INFORMATION:

Name of Business/ DBA: _____
Business Primary address: _____ Zip Code: _____
Telephone #: _____ Fax #: _____ Sq. Ft: _____
Applicant Email Address: _____
Type of Business, describe in detail _____

Home Office ___ Medical Office ___ Admin Office ___ School ___ Retail ___ Restaurant (Take Out)
___ Restaurant (Patron area Sq. Ft) ___ (Back of the House Sq. Ft) ___ Others _____

Previous type of business in location in which you will conduct your business _____

Are you sharing space with another business? Yes ___ No ___
If the answer is yes, please provide the business name, license number, and use of the primary
business _____

PERSONAL INFORMATION:

Corporate officer/ owner: _____ Title: _____
Address: _____
City: _____ State _____ Zip Code _____
Telephone # _____ Fax # _____

Signature of the applicant & landlord verifies the above information is true and correct. Signator(s)
understands the conditions under the Certificate of Use is being approved and accepts that no
charges or refunds can be made once is process. Signator(s) authorized to sign for the business and
understand that any misrepresentation of information on this application may result in the revocation
of the CU and/or possible enforcement action being initiated against the business and/or is
authorized representative. Signator(s) further understands that a separate Certificate of Occupancy (if
applicable) and Local Business Tax Receipt are also required. Signator(s) agrees to comply with all
Federal, County and local laws.

Print Name

Signature of Applicant

Print Name

Signature of Landlord

DEPARTMENT USE ONLY:

Processor: _____ Zoning: _____ Resolution #: _____ Bldg Permit #: _____
Approved ___ Denied ___ Certificate of Occupancy/Completion: _____
Condition under which approved/Denied _____
Process # _____ Certificate # _____



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LOCAL BUSINESS TAX RECEIPT APPLICATION

CHECKLIST OF ATTACHMENTS

The following is a checklist of attachments which your application *may need to have* in order to be processed. Please attach the required documentation to the application.

1. If new business, attach a Certificate of Use and/or Certificate of Occupancy issued by the Village of Palmetto Bay.
2. If existing business, attach a copy of the Certificate of Use and/or Certificate of Occupancy issued by Miami-Dade County.
3. Proof of approved sanitation services if an eating establishment
4. Corporate documents showing the Federal Identification Number and registration as a Corporation/Fictitious name.
5. Lease Agreement for Square Footage figures.
6. Copy of Employer Identification Number (EIN).
7. Provide copy of any required state license in order to operate business.

APPLICATION

Instructions: Please print or type to allow for a more accurate processing of your application.

Name of Business or Applicant:

Commence Date: _____

Business Address: _____

Business Telephone: _____ Business Fax: _____

Applicant email address: _____

Please indicate what products will be sold or services rendered:

Please indicate below if this is a new or existing business:

NEW *please provide a Certificate of Use and/or Certificate of Occupancy issued by the Village of Palmetto Bay.*

EXISTING *please provide a copy of the Certificate of Use and/or Certificate of Occupancy issued by Miami-Dade County.*

Name of Business Owner:

Social Security #: _____ Driver's License #: _____

Business Owner's Mailing Address:

9705 East Hibiscus Street - Palmetto Bay, FL 33157
P: 305-259-1271 F: 786-338-7432



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Business Owner's Home Telephone:

If this business is a proprietorship, please provide the name of the proprietor:

If this business is a partnership, please provide the names of the partners:

If this business is a corporation, please provide the names of the officers and their titles in the space provided below:

Please submit the corporate documents showing the Federal Identification Number and/or the Registration of Corporation and/or Fictitious name. Please provide proof of approved sanitation services, if applicable.

WILL THIS BUSINESS...

- | | |
|--------------------------------------|--|
| 1. Be a professional association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Join an existing office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have door-to-door service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Operate from a home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Require state licensing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Be licensing fee exempt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Serve liquor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Serve food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Sell tobacco products? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have day or adult care services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Deal with hazardous materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, describe the work below.

GENERAL INFORMATION

Instructions: Please write N/A if the question is not applicable to the type of business you are applying for.

1. What is the gross floor area of the business facility? _____ square feet.
2. What is the number of parking spaces exclusively for this use? _____ regular spaces
_____ Handicap _____ stroller.
3. What is the number of employees including owners and management? _____ employees.



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4. What is the number of coin operated machines at location? (i.e. cigarette, soda, washer, drier, etc.) _____ machines.

5. What is the number of units? _____ units.

All information provided by the taxpayer will become part of the public records except the SSN, which is protected by the confidentiality law of the State of Florida. If you claim exemption under F.S. 119 for another reason, please indicate in writing and attach to this application.

AFFIDAVIT

State of _____)

County of _____)

_____ being first duly sworn, deposes and says

that: He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of (name of business/applicant) _____, and that matters and facts stated in this application are true to his/her knowledge, and that he/she, in the aforementioned position is authorized to execute this application for the purposes of obtaining a Local Business Tax Receipt from the Village of Palmetto Bay.

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Print Name and Title Notary Public, State of Florida

My Commission Expires: _____

Any questions concerning this application should be referred to Planning & Zoning Department, 9705 East Hibiscus Street, Palmetto Bay, FL 33157. Hours of operation are 8:30 a.m. through 5:00 p.m. You may also call (305) 259-1271 or email mrodriguez@palmettobay-fl.gov

OFFICE USE ONLY:

Date Submitted: _____ Process Number: _____ License Number: _____