



WEST PALM BEACH

Development Services Department  
401 Clematis St.  
West Palm Beach Florida 33401  
Telephone: (561) 805-6700  
Fax: (561) 805-6676  
Email:

## HOME OCCUPATION AFFIDAVIT

**\*\*In order to issue the business tax receipt a letter from the Owner of the property, signed and notarized authorizing the home occupation must be provided or the Owner can sign and have notarized this affidavit.\*\***

BEFORE ME personally appeared \_\_\_\_\_ who, being first duly sworn, deposes and says that:

1. I am over the age of eighteen (18) and this Affidavit is based upon my own personal knowledge.
2. I have applied for a Business Tax to operate a Home Occupation, Accessory to Residential Uses.
3. I affirm that the Home Occupation that I plan to operate will comply with the West Palm Beach Zoning Code and will be carried on entirely within a dwelling and only by members of the family permanently residing within the dwelling unit.
4. The use of the dwelling unit for a Home Occupation will be clearly incidental and subordinate to this use for residential purposes and will not result in a change to the residential character of the structure.
5. There will be no visible evidence of the conduct of a Home Occupation within the dwelling unit. There will be no display that will indicate from the exterior that the building is being utilized in part of any purpose other than a residence. Home Occupation will not be conducted in any accessory building.
6. The Home Occupation will not utilize more than twenty percent (20%) of the first floor area of my residence, exclusive of the area contained in any open porch, attached garage, or similar space not intended for occupancy as living quarters.
7. Commodities will not be sold upon the premises.
8. Traffic will not be generated in greater volume than normally expected in residential neighborhood. Parking will be provided off-street and shall not be located in a front setback.
9. Mechanical or electrical equipment will not be employed other than machinery or equipment customarily found in the home associated with a hobby or vocation not conducted for profit, or machinery or equipment which is essential to normal domestic activities.
10. Equipment or processes will not be used which create noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses on property adjacent to such use. In the case of electrical interference, equipment or processes will not be used which create visual or audible interference in the normal operation of radios, televisions, and similar equipment operated on property adjacent to such use.
11. The Home Occupation will not provide services to more than two (2) clients on the premises at any one time.
12. I understand that the Home Occupation shall be subject to all applicable City occupational licenses and all other applicable City, County, State and Federal regulations.

Further Affiant Sayeth Not.

Signature: \_\_\_\_\_

Home Occupation Owner

Print Name: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF PALM BEACH

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, an officer authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared \_\_\_\_\_, who is personally known to me \_\_\_\_\_

Or presented \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_

State of Florida

Print Name:

My Commission Expires:

The Property Owner is aware that \_\_\_\_\_ has applied for a Business Tax to operate a Home Occupation and gives permission to do so. (A signed and notarized letter can be used in lieu of the Property Owner signature on this affidavit.)

Signature: \_\_\_\_\_

Property Owner

Print Name: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF PALM BEACH

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, an officer authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared \_\_\_\_\_, who is personally known to me \_\_\_\_\_

Or presented \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_

State of Florida

Print Name:

My Commission Expires: