



City of Marco Island
Growth Management Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000

HOME OCCUPATION LETTER OF ZONING COMPLIANCE RENEWAL

Applicable Sections of the Marco Island Land Development Code ARTICLE III Home Occupations
Sec. 30-401

Certificate Number: **HOC-**_____ Date Received: _____

Reviewed By: _____

Above to be completed by Staff

Fees: 1ST year - \$60.00 – Annual Renewal \$15.00

Please take the time to fill out this form as completely as possible. **The applicant is the person in whose name the occupational license will be issued, and the applicant's signature must appear on this form.**

Applicant Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

Business Information

Type of Business to be conducted: _____

Business Name (If Any): _____

Business Mailing Address: _____

Property Information

Property Owner: _____ Property Owner's Phone: _____

Property Owner's Address: _____

Notice: Annual renewals and fees shall be received by staff no later than 30 days after the one-year anniversary date. The anniversary date shall be the approval date of the original application. Renewals received after 30 days shall be deemed null and void.

I, the undersigned, hereby affirm that I am the legal owner of the property at the above address and that the applicant has my permission to operate a home occupation from this property.

Signature of Property Owner

Date

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

Signature of Applicant

Date