

City of DeFuniak Springs

Post Office Box 685

35 US Hwy. 90 W.
DeFuniak Springs, FL 32433



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DeFuniak Springs, FL 32435

HOME BASED OCCUPATION APPLICATION

NOTE: Always obtain a new application from the Department, as it may have been modified.

Home Based Occupation Amendment Number (to be assigned by City Staff) _____

I. APPLICANT INFORMATION (Print or type all information requested).

A) Petitioner Name _____
(If an entity other than an individual, provide the name of the entity and responsible officer)

B) Address: _____

C) Telephone number: _____ Cell: _____

D) FAX number: _____ E-mail address: _____

Owner Information

A) Owner Name (if other than applicant): _____

B) Address: _____

C) Telephone number: _____ Cell: _____

D) FAX number: _____ E-mail address: _____

II. PROPERTY INFORMATION

A) Property Parcel Identification number(s): _____

B Physical Location of Property _____

C) Driving Directions with mileages from the nearest intersection of either US Hwy 90 E, US Hwy 90 W, US Hwy 331 N, US Hwy 331 S or, SR 280 E, SR 280A, SR 83 N) to subject property: _____

D) Current land use category of subject property: _____

E) Current zoning designation of subject property: _____

F) Type of Proposed Business at location: _____

G) If Home Based Occupation Request is approved, utility charges will be changed to commercial rates. An annual occupational license fee is also required.

City of DeFuniak Springs
HOME BASED OCCUPATION APPLICATION CHECKLIST

Note: The number of copies required to be submitted are dictated by the number of packets that have to be assembled for the Planning Board and the two Public Hearings conducted by the City Council.

Directions: Each of the 5 packets are to be assembled in the following order. No application will be accepted unless it packaged as required.

1. **Completed & Signed Application (1 original, 4 copies)**
(Only complete, typed or printed applications and submittals will be accepted).
2. **Application Fee:** Home Based Occupation Request.....\$225.00
(non-refundable, regardless of decision by the City Council)
Attach the fee to the front of the original application.
3. **Proof of Ownership (1 original, 4 copies)**
(Provide copy of recorded deed. The deed must include a complete legal description. A sales contract will not be accepted. All owners listed on the deed must sign the application and the agent affidavit authorizing the agent, if applicable).
4. **Notarized Agent Authorization from Property Owner/Petitioner**, if other than Owner/Petitioner, to apply for Variance.
5. **Parcel Identification Map:** (1 copy @ 1"=400') indicating Parcel ID Numbers for all properties within 1000' of the subject parcel indicating street names, property owner names and complete mailing address. Available from the Walton County Property Appraiser Office or Walton County GIS/IR Department.
6. **Mailing Labels:** (1 complete list) The names and complete mailing addresses of all property owners within one thousand (1,000) feet of the property for which the variance is requested. Names and addresses of surrounding property owners shall be obtained from the latest Ad Valorem Tax Roll which may be obtained from the Walton County Property Appraiser's Office. **FAILURE TO PROVIDE ALL PROPERTY OWNER'S NAMES AS REQUIRED MAY RESULT IN DELAY OF THE PUBLIC HEARING MEETING.** Available from the Walton County Property Appraiser Office.
7. **Mailing List:** (1 complete list) Mailing list to include property parcel identification number, property owner name, and mailing address of all property owners within one thousand (1,000) feet of the property for which the amendment is requested. Available from the Walton County Property Appraiser Office.

Place documents in the report in the order listed above. No Applications will be accepted if documents are not in order, are stapled, or are submitted in any other way than as specified.