



Development and Growth Management Development Coordination Division

Affidavit of compliance for Home Occupations per Section 27-282.5 Home-based businesses; local government restrictions.

Property Owner's Name:

Property Address:

Folio Number(s):

Type of home based business:

Will you have more than two employees who do not reside at the residence?

Yes No

Will you operate the business from an accessory structure?

Yes No

Will you operate any mechanical equipment that may result in noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses outside of the structure?

Yes No

Will you be selling any products from the residence?

Yes No

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his/her(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).

AGENT'S NAME (if applicable):

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable).

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application. Both owner and agent must sign and have their names notarized.

STATE of FLORIDA

COUNTY of

Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this

day of

by

Printed Name (**Owner**) Signature

Signature and Stamp of Notary Public

Personally known or produced identification

Type of identification:

STATE of FLORIDA

COUNTY of

Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this

day of

, by

Printed Name (**Agent**) Signature

Signature and Stamp of Notary Public

Personally known or produced identification

Type of identification: