



City of Marco Island  
 Community Affairs Department  
 50 Bald Eagle Drive  
 Marco Island, FL 34145  
 Phone: 239-389-5000 or FAX: 239-393-0266

PF-16

**HOME OCCUPATION LETTER OF ZONING COMPLIANCE RENEWAL**

Certificate Number: **20** \_\_\_\_\_ Approved \_\_\_\_\_ Hold \_\_\_\_\_ Denied \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Comments/Restrictions: Must comply with Ordinance 99-17 of the LDC.**

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**Fees: 1<sup>ST</sup> year - \$60.00 – Annual Renewal \$15.00**

**ABOVE TO BE COMPLETED BY STAFF**

Please fill out this form completely. The applicant is the person applying and name the occupational license will be issued to. The applicant's signature must appear on this form.

Applicant: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Type of Business to be conducted: \_\_\_\_\_

Business Name (If Any): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

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

**FEE: 1<sup>ST</sup>. YEAR \$60.00 – CHECKS PAYABLE TO: “CITY OF MARCO ISLAND”**  
**RENEWAL FEE: \$15.00 – CHECKS PAYABLE TO: “CITY OF MARCO ISLAND”**