



**Alachua County**  
**Department of Growth Management**  
 10 SW 2<sup>nd</sup> Ave., Gainesville, FL 32601  
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**  
 building@alachuacounty.us

Tel. 352.374.5243 Fax. 352.491.4510

**APPLICATION FOR HOME-BASED BUSINESS, GENERAL**

(Section 404.62 of ULDC)

**GENERAL INFORMATION ( BY APPLICANT )**

(If Applicant is different from the owner, attach a notarized letter of authorization – see Section 402.06 of ULDC) Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Grant: \_\_\_\_\_

Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_ Is this a renewal?  Yes  No

Attach a copy of the legal description for the property.

Name and description of business activity: \_\_\_\_\_

**I agree to adhere to the following standards in the operation of my home-based business:**

1. Only lawful residents of the home will be engaged or employed on-site.
2. The business will be clearly incidental and subordinate to the residential use of the home.
3. There will be no exterior structural or architectural modification to the home related to the business.
4. The business will not occupy more than 20% of the gross floor area of my home, exclusive of the area of any open porch, attached garage, or similar space not suited for occupancy as living quarters of the dwelling.
5. The business will not be conducted in an accessory building, including any barn, carport, garage, porch, stable or similar building or structure that is not suited for occupancy as living quarters of a dwelling. A single, fully enclosed accessory building that does not exceed 150 sqft may be used for storing materials and supplies utilized for a home based business, provided the building is properly permitted as an accessory building.
6. There will be no more than two additional off-street parking spaces provided to accommodate the business, and any spaces will utilize the existing driveway serving the home.
7. Customer or client visits will be limited to the hours from 8 AM to 8 PM.
8. The business will not generate more than six customer or client visits per day, and no more than two clients will be present at any time.
9. The business will park and store no more than one commercial vehicle on premises, not to exceed a one-ton capacity, and such vehicle will not be stored in front of the home.
10. The business will be subject to the noise regulations in Ch. 110 of the Alachua County Code.
11. The business will not utilize equipment or processes that create vibration, glare, fumes, odors, or dust discernable at the property lines.
12. The business will not utilize any combustible materials in violation of applicable fire prevention regulations.
13. The business will not utilize or maintain on site any hazardous materials in violation of Ch. 353, Article II of the County Code relating to hazardous materials management.
14. The business will not utilize equipment or processes that create electrical, visual, or audible interference in any radio or television receivers off-premises, or otherwise interfere with the off-premise use of electric or electronic devices of any kind.
15. Sales of goods on the site shall be limited to goods or merchandise produced or processed on the site or direct sale of goods through the internet or mail order.
16. In accordance with Chapter 407, Article 3, signs. A general home based business in any zoning district may be allowed one building sign mounted on the residence, not to exceed two square feet in size.

***I understand that a violation of these standards will be subject to the penalties and remedies provided for in Chapter 409, Article 2 of the ULDC.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR BUILDING DIVISION USE ONLY**

Date Received: \_\_\_\_\_ Fee\$: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Building Specialist Initials: \_\_\_\_\_

Application Number \_\_\_\_\_ APPROVED: Yes  No  Expiration Date: \_\_\_\_\_

Director of Growth Management or Designee: \_\_\_\_\_ Date: \_\_\_\_\_