



# City of Tamarac

## APPLICATION FOR RESIDENTIAL OCCUPATIONAL LICENSE

NOTE: APPLICATION **IS NOT** THE ISSUED LICENSE  
7525 NW 88<sup>TH</sup> AVE – TAMARAC, FL 33321-2401  
(954) 724-1280 (954) 724-1279 (954) 718-3061

LICENSE (S) NO.

CHECK ONE  NEW BUSINESS  CHANGE OF ADDRESS  NAME CHANGE

DATE: \_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_

HOME NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ TAX IDENTIFICATION NO. \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ BUSINESS PH: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APARTMENT NO. \_\_\_\_\_ BUILDING / COMPLEX NO. \_\_\_\_\_

COMMUNITY / SUBDIVISION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE FLORIDA CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FULLY DESCRIBE EXACT NATURE OF BUSINESS: \_\_\_\_\_

### REQUIREMENTS

**WORKING SMOKE DETECTOR OUTSIDE EACH BEDROOM IN ADDITION TO A 2A-10BC FIRE EXTINGUISHER; WITH AN ANNUAL SERVICE TAG FROM A FIRE EXTINGUISHER CONTRACTOR.**  
SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### **WAIVER PERMITTING FIRE / LICENSE INSPECTIONS**

THE RESTRICTED RESIDENTIAL OCCUPATIONAL LICENSE, WHICH HAS BEEN ISSUED TO ME, AUTHORIZES THE CITY THE RIGHT TO INSPECT MY RESIDENCE IN THE EVENT THE CITY HAS REASONABLE CAUSE TO BELIEVE I AM IN VIOLATION OF THE PROVISION OF ORDINANCE 0-9-92-36. THIS WAIVER PERMITTING INSPECTIONS SHALL BE EFFECTIVE BEFORE THE ISSUANCE OF THE RESTRICTED RESIDENTIAL LICENSE AND FOR ANY RENEWALS OF MY LICENSE AND FIRE RE-INSPECTIONS. THE EXECUTION OF A NEW FIRE INSPECTION MAY NOT BE REQUIRED AT EACH LICENSE RENEWAL UNLESS THERE IS A CHANGE IN BUSINESS NAME, USES, OR ADDITIONAL RESTRICTED RESIDENTIAL OCCUPATIONAL LICENSE ISSUED AT THE RESIDENCE.

#### **DEED RESTRICTION**

PRIOR TO APPLING FOR RESTRICTED RESIDENTIAL OCCUPATIONAL LICENSE AND PAYING FEE. PLEASE CHECK WITH YOUR HOMEOWNERS ASSOCIATION FOR DEED RESTRICTION, WHICH MAY PROHIBIT THIS USE.

*NO REFUNDS.*

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
DATE

#### **FIRE INSPECTION**

**FIRE INSPECTION DATE:** \_\_\_\_\_

**AFFIDAVIT SUBMITTED** \_\_\_\_\_

**DATE APPROVED** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

LICENSE RENEWAL DUE SEPTEMBER 30TH, OF EVERY YEAR  
**THIS PAGE FOR OCCUPATIONAL LICENSE OFFICE USE ONLY**

**LICENSES REQUIRED ~ SEE LICENSE RESTRICTIONS AND /OR COMMENTS BELOW:**

LICENSE CLASSIFICATION	LICENSE FEE	PRO-RATED FEE	LICENSE NUMBER
<b>HOM - HOME RESIDENTIAL</b>	<b>\$192.75</b>		
<b>F1 - FIRE FEE - NOT A PRORATED FEE</b>	<b>\$50.00</b>		

**LICENSE RESTRICTIONS / COMMENTS**

1. HOME/RESIDENTIAL OFFICE MAIL/PHONE ONLY NO EMPLOYEES, CIENTS OR STORAGE @ RESIDENCE

2.

3.

APRIL 1 (75%)	MAY 1 (70%)	JUNE 1 (65%)	JULY 1 (60%)	AUGUST 1 (55 %)	SEPTEMBER 1 (50%)

LICENSE TRANSFER (10%)	(25%) PENALTY OPERATING WITHOUT LICENSE	FIRE INSPECTION FEE	TOTAL CURRENT FEE

**ROUTING AND APPROVALS**

INITIAL REVIEW	SENIOR OCCUPATIONAL LICENSE SPECIALIST APPROVAL	PLANNING & ZONING APPROVAL
<b>BY:</b>	<b>BY:</b>	<b>BY:</b>
<b>DATE:</b>	<b>DATE:</b>	<b>DATE:</b>
		ZONING DISTRICT :

**COMMUNITY DEVELOPMENT DIRECTOR APPROVAL:**

**DATE SIGNED:**

**COMMENTS:**


**STATE OF FLORIDA  
COUNTY OF BROWARD**

I, \_\_\_\_\_, **AGREE TO COMPLY WITH THE FOLLOWING STANDARDS**  
**AND**  
(PRINT NAME OF APPLICANT)

**CONDITIONS SET IN CODE OF ORDINANCE NO. 0-9-92-36, FOR HOME OCCUPATION TO BE LOCATED**  
**AT** \_\_\_\_\_ **WITH THE NATURE OF BUSINESS DESCRIBED**  
(ADDRESS)

**AS** \_\_\_\_\_

- There shall be no person employed in the home occupation who is not a permanent domiciliary resident of the dwelling unit in which the home occupation exists.
- The floor area within the dwelling unit devoted to the home occupation shall not exceed 25% of the gross floor area of the dwelling unit excluding porches, garages, carport, and other areas which are not considered living area
- The activities of the home occupation shall occur entirely within the dwelling unit, excluding accessory structures such as garages, carport, carport and shed.
- There shall be no external evidence of the existence of home occupation with a dwelling unit. Signs, displays, off-street parking areas other than driveways normally required for residential use, or other advertising of any kind are prohibited.
- No goods or services of any kind shall be sold or transferred to a customer or client on the premises of the home occupation, excluding facsimile machine, telephone and/or postal transactions.
- The home occupation shall not create noise, vibration, glare, fumes, odors, dust, smoke or electromagnetic disturbances. No equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby. No chemicals or chemical equipment shall be used except those that are used for domestic or household purposes.
- Vehicular and pedestrian traffic shall not be generated by this home occupation in a greater volume or a different vehicle type than the traffic typical in any resident neighborhood in the City.
- Deliveries of any kind required by and made to the premises of the home occupation shall not exceed one business delivery per day.
- The City shall have the right to reasonably inspect the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if, any, from neighbors.
- The applicant of the home occupation agrees to comply with the conditions imposed by the Department of Community development to insure compliance with such standards.
- Violation of these standards and conditions is deemed a violation of the City of Tamarac code of Ordinance. Failure by the home occupation licensee to comply with the standards of this section and with the conditions imposed by the Department of Community Development shall be deemed a violation of the City if Tamarac Code of Ordinances.
- The applicant for the Home Occupational License acknowledges that a departure from any of these standards or conditions may result in a suspension or termination of the occupational license.

**I HAVE READ AND AGREE TO THE STANDARDS AND CONDITIONS SET FORTH ABOVE. I AFFIRM THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE. ANY INTENTIONAL MISREPRESENTATION ON THIS DOCUMENT SHALL BE CONSIDERED A FALSE OFFICIAL STATEMENT IN VIOLATION OF FLORIDA STATE STATUTE 831.02 AND SHALL BE PROSECUTED ACCORDING TO LAW.**

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

**Sworn to and subscribe before me this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_\_**

**By** \_\_\_\_\_ **who is personally known to me or has produced** \_\_\_\_\_ **ID.**  
(NAME OF PERSON ) (TYPE OF IDENTIFICATION)

**NOTARY PUBLIC SIGNATURE** \_\_\_\_\_

**PRINT NAME OF NOTARY PUBLIC** \_\_\_\_\_



**NOTARY PUBLIC SEAL OATH ADMINISTERED**