

LAND USE & ZONING CERTIFICATE: HOME BUSINESS

Land Development Code 5.02.00 and Subsection 10.02.06 B.1.f.

Administrative Code Chapter 4 K.

[Code of Laws and Ordinances Sec. 26-461](#), [Ordinance No. 2025-36](#)**Applicant Contact Information**

Name of Applicant: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Name of Property Owner, if different than Applicant: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Business & Use Information

Business Name, if any: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Description of the type of business or use: _____
(Attach a separate page if additional space is needed)

1. Are commercial vehicles, as defined in [LDC 1.08.02](#), related to the home-based business going to be kept at the property? ☐ Yes ☐ No

a. If yes, what screening material will be used? _____

b. If yes, what is the parking surface? _____

2. Are there going to be materials, as defined in [LDC 1.08.02](#), related to the home-based business stored outdoors? ☐ Yes ☐ No

a. If yes, what screening material will be used? _____

3. Is more than 50% of the property going to be used by the home-based business?

☐ Yes ☐ No

4. Is any vegetation clearing related to the home-based business going to occur?

☐ Yes ☐ No

a. If yes, how many acres will be cleared? _____

Submittal Requirement Checklist

Incomplete submittals will not be processed or accepted.

REQUIREMENTS FOR REVIEW	REQUIRED
Completed Application	☒
<u>Verification of Residency</u> Property Owner: 1. Valid Florida Driver's License or Identification Card bearing address of home business. 2. If address does not match, also provide a recorded Property Deed identifying owner. Lessee: 1. Valid Florida Driver's License or Identification Card bearing address of home business. 2. If address does not match, also provide a Valid Lease Agreement signed by the property owner of record. 3. <u>Notarized Letter of Authorization and Affirmation of Residency</u> to operate the business signed by the property owner of record.	☒
Conceptual Site Plan , required if answer is "Yes" to any of the Business & Use Information Questions 1 through 4 on Page 1	☐
Additional materials may be requested by planner, as applicable.	

Fee Requirements

Zoning Certificate: Residential: \$50.00

The completed application, all required submittal materials, and fees shall be submitted to:

Growth Management Community Development Department | GMCD Portal:

<https://cvportal.collier.gov/cityviewweb>

Questions? Email: GMDZoningFrontDesk@collier.gov

I, the undersigned, hereby affirm that I am the legal owner of the property at the above address or that I have the legal right to conduct the business described above at this address by virtue of my leasehold interest in this property, and that I have read, understand, and agree to abide by the provisions of LDC Section 5.02.00 and Code of Laws and Ordinances Sec. 26-461. I further understand that any zoning certificate issued pursuant to this application, if found to have been issued in error or based on inaccurate information, may be subject to revocation.

Applicant Signature: _____

Date: _____

Printed Name: _____