



Your complimentary use period has ended. Thank you for using PDF Complete.

Click Here to upgrade to Unlimited Pages and Expanded Features

APPLICATION FOR HOME OCCUPATION
CENTURY TOWN OF CENTURY

Request Number: _____

Fee Paid: _____

Date Received: _____

Receipt Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Property Location: _____

(if different, from above)

Section, Township, Range: _____

Tax Parcel Number: _____

Square Footage of Residence: _____

Type of Proposed Business: _____

Will business be advertised by outdoor signage? Yes No

If yes, please submit drawing of proposed sign indicating size of sign

Briefly explain how off-street parking requirements will be met: _____

I/We do hereby attest to the fact that the above supplied tax parcel number(s) is (are) the true and proper identification of the area applicable to this application.

Owner's Signature

Date

**PLEASE RETURN TO KRISTINA WOOD, DEPUTY TOWN CLERK,
CENTURY TOWN HALL, 7995 NORTH CENTURY BOULEVARD, CENTURY,
FLORIDA 32535. PHONE: (850) 256-3208.**